

**Compassion in the Curriculum:
Exploring the Social Acceptability of teaching an
Empathy Development Programme (EDP)
within the context of New Zealand Primary Schools.**

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Master of Arts in Education

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Abstract

Empathy development programmes (EDP) are currently implemented in several New Zealand primary schools. Research has indicated a variety of potentially beneficial outcomes to these programmes yet a gap in literature is evident in New Zealand regarding the social acceptability of school-based EDP's. As social acceptability of any programme influences its efficacy and sustainability, this gap in literature indicates an apparent oversight for the successful implementation of these programmes. To address this gap in literature, 68 students training for a teaching career rated the acceptability of a scenario which outlined a hypothetical EDP implemented in a hypothetical class. Results of this study indicated that students found the notion of implementing an EDP in primary schools highly acceptable. Using the same hypothetical EDP, 33 parents of primary school-aged children rated the acceptability of two different scenarios outlining implementation in two age-specified hypothetical classes. Results of this study indicated that parents found the notion of implementing an EDP in both age-specified classes highly acceptable, although implementation in the younger class was found to be more acceptable than in the older class. As suggested by the results of both studies, the degree of acceptability was related to participant perceptions of the programme's goals, procedures and potential outcomes, therefore implying that these meet the social needs of the public.

Part One

Literature discussed in Part One of this thesis is primarily gathered from the last decade and relevant in its concepts to the topic of implementing an empathy development programme (EDP) within New Zealand primary schools. This section will discuss research related to the concept of empathy and how this trait is developed. The consequences of an empathy-deficit will also be reviewed. A hypothetical school-based EDP will be discussed with specific features including the goals, procedures and potential outcomes. These features will be referred to relevant research, and current examples of EDPs will be identified also. Finally, the concept of social acceptability and the significance of this concept will be discussed in the context of relevant research.

Chapter 1: Empathy

Compassion refers to understandings of empathy. Empathy is recognized as a high-order emotion which plays a fundamental role in the development of pro-social behaviour (Decety & Michalska, 2010). Pro-social behaviour is identified as a deliberate behaviour that benefits another, which is ideally not evoked primarily from an individual's self-interest (Eisenberg, 2010; Kidron & Fleischman, 2006). Conversely, antisocial behaviour is identified as behaviour that violates age-appropriate societal norms and lacks regard for the self and/or others (American Psychological Association [APA], 1994). Definitions of empathy and how empathy is developed are outlined below.

1.1. Definitions

Empathy is recognized as the ability to understand and internalise the emotional states of other individuals (Stavrinides, Georgiou & Theofanous, 2010). Further understandings of empathy emphasize the ability to consider different perspectives, indicating an awareness of and sensitivity towards others, and a disposition to behave in a pro-social manner (Garton & Gringhart, 2005). Pro-social behaviour is a vital component of empathy as acting with compassion towards others demonstrates an awareness of their emotional state.

Empathy includes two components, namely cognitive empathy and affective empathy (Stavrinides et al, 2010). Cognitive empathy refers to the *recognition and understanding* of emotions or the feelings of other individuals in particular situations and affective empathy refers to the ability to *internalize and experience* the emotions or feelings of other individuals in particular situations (Stavrinides et al, 2010). The development of perspective-taking skills is included in understandings of cognitive empathy (Farrant, Devine, Maybery & Fletcher, 2012). The nature of perspective-taking allows an individual to understand the position of others and provides the foundation to enable compassion and

sympathy (Farrant et al., 2012). It is suggested that this may influence pro-social behaviour (Farrant et al., 2012). Furthermore, it is also suggested that pro-social behaviour is predicted by Theory of Mind (Farrant, et al., 2012).

Theory of Mind (ToM) is the ability to understand that all individuals have unique thoughts and emotions which can be used to understand and predict their behaviour (Farrant et al., 2012). Therefore, ToM is a type of perspective-taking which is an aspect of cognitive empathy. There is much reported research linking cognitive empathy with ToM but very little research linking ToM with affective empathy (Farrant, et al., 2012). Some evidence suggests that an antisocial individual may demonstrate cognitive empathy but lack affective empathy (Munoz, Quarter & Padgett, 2011). A recent study illustrated that of the youths involved, those with both low affective and low cognitive empathy scores and also those with low affective empathy scores but moderate to high cognitive empathy scores were identified perpetrators of bullying (Munoz et al., 2011). Furthermore, this study emphasized that with regard to the group of youths with low affective but moderate to high cognitive empathy levels, although they acknowledged and understood the feelings of those they bullied, they simply did not care; which illustrated callous-unemotional traits (Munoz et al., 2011).

Both cognitive and affective empathy are considered essential in defining empathy due to indications that the cognitive aspect of empathy alone does not necessarily elicit an empathic response whereas affective empathy elicits a similar emotional response to the perceived emotional condition of another individual (Eisenberg, 2010).

1.2. Empathy Development

The development of empathy begins during infancy with some suggestions that associated pre-requisite skills such as the awareness and responsiveness towards the behaviours of others, may occur within the first hour after birth (Hutman & Dapretto, 2009). Pre-requisite skills such as these continue to develop within the first few months of life into imitation which includes mirroring emotional expressions

and emotional contagion which is when an infant mimics and as a result enters into an identical or similar emotional state of another infant (Hutman & Dapretto, 2009). Significant to the development of these skills are cues and responses received from the infants' mother or caregiver (Hutman & Dapretto, 2009). Through these cues and responses, infants learn how to detect changes in the emotional states of others and then respond appropriately (Hutman & Dapretto, 2009). For example, at ten months of age an infant can modify their behaviour as a direct response to the changes in facial expressions of their mother (Hutman & Dapretto, 2009). The infant is able to predict how their mother will behave in certain situations and adjust their behaviour according to their expectation of their mother's availability and comfort (Hutman & Dapretto, 2009).

1.2.1. Attachment

Attachment is recognized as a shared, permanent connectedness between a child and their parent (Papalia, Wendkos Olds & Duskin Feldman, 2002). Attachment is relevant to empathy development in that it is acknowledged that empathy development and pro-social behaviour are reinforced through repeated responsive interactions between the child and their parents. This enables the child to be secure in their parents' availability. When responsive interactions between the parent and child are inadequate, the transference of pro-social behaviour towards others becomes less likely to occur as does the child's security in their parent's availability (Kidron & Fleischman, 2006). For example, a study conducted into the emotional responsiveness of preschool-age children towards their peers demonstrated that the children most secure in their parents' availability were more emotionally responsive towards others. This suggests an ability to transfer the children's learned interactions with their parents towards other social interactions (Hutman & Dapretto, 2009).

From birth infants demonstrate their ability to share emotions with others, through imitation by crying when they hear others crying (Geangu, 2009). This behaviour demonstrates not only a sense of self and others, but also a concern for others (Geangu, 2009). By the second year of life, empathy

development is pivotal. Research suggests that those who demonstrate more empathic responses during their early years of life tend to maintain this disposition throughout their course of life (Geangu, 2009).

Emotion regulation is suggested to be an important factor in the acquisition of empathy (Panfile & Laible, 2012). A study involving 63 mothers and their three year old children demonstrated that the children with higher emotion regulation scores tended to display higher levels of empathy due to a greater ability to cope with their own negative emotions, and to focus on the individual in distress (Panfile & Laible, 2012). Children whose parents consistently calmed their distress during infancy tended to develop emotion regulation skills effectively whereas children whose parents were inconsistent or absent in calming their distress during infancy, tended to develop patterns of heightened reactive emotions (Panfile & Laible, 2012). Empathy displayed by the parents towards their infants developed attachment security between the children and their parents. Attachment is therefore significant in the development of empathy. Research suggests that learned interactions between the infant and their parents may be transferred to social interactions as children develop, particularly with regard to children with secure attachment (Hutman & Dapretto, 2009). For example, the relationship between a mothers' emotional availability for her 15 month-old infant was examined with regard to the infant's empathy level at ages two and four years (Moreno, Klute & Robinson, 2008). This study consisted of 661 low income, ethnically diverse mother and child pairs. The researchers measured the mothers' emotional availability, the children's social engagement with their mothers, the children's language development, the children's cognitive development and the children's empathy levels in the context of free play episodes (Moreno et al., 2008). This study reported that the children's cognitive development and social engagement with their mothers significantly predicted the empathy levels of the children at two years of age. The outcome of this study emphasized that children's empathy levels are only predicted by the level of parental availability if the children's cognitive and social skills are at a level able to interpret this towards others (Morena et al., 2009). Therefore, sensitive parenting in conjunction with other influences develops empathy in children. These studies indicate that children with secure attachment tend to display more

empathic responses towards others, therefore reinforcing the notion that responsive parenting influences empathy development.

1.2.2. Affective and Cognitive Empathy and Pro-social Behaviour

When measuring empathy, studies record various components of empathy such as affective and cognitive empathy as well as pro-social behaviour. (Roth-Hanania, Davidov & Zahn-Waxler, 2011; Garton & Gringhart, 2005). Affective empathy is typically reflected by the child's gestures, vocalizations and facial expressions determined by their emotional affect of others; cognitive empathy is typically reflected by the child's exploration to determine what has caused the distress of others; and pro-social behaviour is typically reflected by the child's attempt to comfort the distressed individual (Roth-Hanania et al., 2011).

The affective component of empathy begins to develop at ten weeks of age which is earlier than the cognitive component of empathy (Decety & Michalska, 2010). ToM and emotion regulation do not tend to reach maturity until late adolescence due to these two aspects of empathy developing in the prefrontal cortex of the brain which develops more slowly than other areas of the brain (Decety & Michalska, 2010). A study of the development of empathy examined the perceptions of children and adults in relation to others experiencing pain. Of the participants who ranged in age from seven years to 40 years, the younger participants rated the pain experienced by others significantly higher than older participants. This indicates that a higher emotional reaction was experienced by younger participants who also displayed less emotion regulation (Decety & Michalska, 2010). These results suggest that as people mature, the level of emotional reaction tends to decrease and the degree of emotion regulation tends to increase (Decety & Michalska, 2010).

A recent study examined infant responses to maternal and peer simulated distress (Roth-Hanania et al., 2011). This study measured the affective empathy levels, cognitive empathy levels and pro-social behaviour of eight to 16 month old infants (Roth-Hanania et al., 2011). Modest levels of both affective and cognitive empathy were present before the second year of life and both of these levels gradually

increased with age (Roth-Hanania et al., 2011). Significantly, the levels measured at ten months of age positively predicted the levels of pro-social behaviour in the second year of life (Roth-Hanania et al., 2011). The study inferred that due to this finding, pro-social behaviour may be predicted by differences in individual empathy levels, and furthermore, differences in individual empathy levels may be due to an association between individual temperamental differences as well as relationships with parents (Roth-Hanania et al., 2011).

1.2.3. Gender Differences

Gender differences with regard to levels of empathy and pro-social behaviour have been widely reported particularly with regard to older age groups (Garton & Gringhart, 2005; Roth-Hanania et al., 2011; Eisenberg et al., 2006), however, this may be a result of societal expectations of gender-oriented behaviour (Roth-Hanania et al., 2011). Gender differences with regard to empathy levels may also result from inconsistent empathy definitions and consequently inconsistent measurement (Reniers, Corcoran, Drake, Shryane & Vollm, 2011). Due to this inconsistency, a trial measure of empathy identified as the QCAE, the Questionnaire of Cognitive and Affective Empathy was tested (Reniers et al., 2011). The QCAE took into account both cognitive and affective empathy and measured both components (Reniers et al., 2011). Results of this study demonstrated that of the 925 responses, females scored significantly higher than males in outcomes of cognitive empathy, and females also scored higher in outcomes of affective empathy than males did (Reniers et al., 2011). This outcome is in agreement with other research suggesting that females demonstrate greater empathy than males (Reniers et al., 2011). Results of this study also implied a strong distinction between cognitive and affective empathy types. (Reniers et al., 2011). This outcome supports research that various disorders related to empathy deficits also have strong distinctions and this type of measure may be useful as an assessment tool (Reniers et al., 2011).

To prevent, assess and intervene with empathy deficits is of great importance due to the severe effects of an empathy deficit. Deficits in empathy can cause great difficulty for an individual and society. These difficulties will be outlined in the following chapter.

Chapter 2: Empathy Deficits

Children who have difficulties with pro-social behaviour are often identified as having externalizing and internalizing problems that impede their development throughout all areas of their lives (Maynard, Monk & Wilson Booker, 2011). Deficits in empathy may contribute to the development of bullying behaviours in school-age children and are also associated with a range of disorders including schizophrenia, autism spectrum disorder, attention deficit hyperactivity disorder, conduct disorder and personality disorders (Roth-Hanania et al., 2011; Reniers et al., 2011; Ali, Amorim, & Chamorro-Premuzic, 2009; Maynard, Monk & Wilson Booker, 2011; Whitt & Howard, 2013; Sahin, 2012; Goldstein & Winner, 2012; Hutman & Dapretto, 2009; Sahin, 2012). Research suggests a relationship exists between parental empathy and family violence; between bullying and family violence; and between personality disorders and family violence. These are all relative to an empathy deficit (Corvo & DeLara, 2010; Sourander, Jensen, Rönning, Niemelä, Helenius, Sillanmäki, Kumpulainen, Piha, Tamminen, Moilanen & Almqvist, 2007; Baldry, 2003; Holt, Kaufman Kantor & Finkelhor, 2009; Smokowski & Holland Kopasz, 2005; Lobbestael & Arntz, 2010; Afifi, Mather, Boman, Fleisher, Enns, MacMillan & Sareen, 2011; Rodriguez, Cook & Jedrzejewski, 2012; Rodriguez, 2012). Suggestions have been made that empathy development interrupt the relationships between empathy deficits, bullying and family violence (Roots of Empathy, 2014). Due to this, bullying, conduct disorder and personality disorders will be discussed as will the relationships between these.

2.1. Bullying

Bullying is identified as intimidation or assault intended to cause fear, distress or harm to the victim (Stavrinides, Georgiou & Theofanous, 2010). This can be exhibited through physical, verbal or psychological means. Behaviours must be intentional; occur repeatedly over time; and represent an imbalance of power between the victim and the perpetrator (Stavrinides et al., 2010).

Bullying is a world-wide problem and has serious effects for both the victims and the perpetrators (Esbensen & Carson, 2009; Stavrinides et al., 2010). Effects of bullying for victims may include; school difficulties; internalizing problems such as low self-esteem; depression; anxiety; avoidance behaviour; peer rejection; loneliness; and at times an increased risk for suicide (Esbensen & Carson, 2009). In a four-year study consisting of 1117 school students across the USA, victims of bullying consistently reported negative consequences such as; having low self-esteem; having a lower commitment to school; fearing being victimized at school; and feeling unsafe at school (Esbensen & Carson, 2009). These results are in accord with other studies reporting that victims of bullying tend to exhibit internalizing problems and may also be denied the opportunity to reach their academic potential due to school avoidance often caused by fear and low self-esteem, and consequently declined academic performance (Raskauskas, Gregory, Harvey, Rifshana & Evans, 2010).

Effects of bullying for perpetrators include a developmental trajectory of antisocial behaviour with a high risk of criminality and social problems in adulthood (Pepler, Craig, Jiang & Connolly, 2008; Broidy, Tremblay, Brame, Fergusson, Horwood, Laird, Moffitt, Nagin, Bates, Dodge, Loeber, Lynam, Pettit & Vitaro, 2003). For example, a study was conducted to determine if bullying was a predictor of adult antisocial outcomes (Bender & Losell, 2011). The 63 male participants in the study were assessed via self-reports at age 15 years and again at age 25 years. Results indicated that physical bullying was a greater predictor of antisocial outcomes than verbal bullying (Bender & Losel, 2011). Behaviours included as antisocial outcomes which were reported included violence, aggression, drug use, delinquency, impulsivity and psychopathy (Bender & Losel, 2011). The findings of this study are consistent with the findings of a large study conducted in Finland with the aim of determining associations between boys who are bullied or who bully others at eight years of age and psychiatric disorders in adulthood (Sourander, Jensen, Ronning, Niemela, Helenius, Sillanmaki, Kumpulainen, Piha, Tamminen, Moilanen & Almqvist, 2007). This study gathered bullying and victimisation data regarding the 2540 male participants in 1989 when they were eight years of age, and went on to gather psychiatric data when the boys were aged between 18 and 23 years (Sourander et al., 2007). Boys identified as being

bullies were associated with future substance abuse and antisocial personality disorders; boys identified as being victims were associated with future anxiety disorders; and boys identified as being bully-victims were associated with future anxiety disorders and antisocial personality disorders (Sourander et al., 2007). Furthermore, 28 percent of the boys identified as at risk, were diagnosed with a psychiatric disorder ten to 15 years later (Sourander et al., 2007). This study supports the notion that bullying peers may be considered an early indicator of an antisocial developmental trajectory (Smokowski & Holland Kopasz, 2005).

Bullying is recognized as an element of *proactive* or *instrumental* aggression which is aggression perceived by the perpetrator as valuable and positive as it is used for dominance over others and a means to obtain social power (Stavrinides et al., 2010). This is significant as when proactive aggression is used, negative emotions are not present in the perpetrator as aggression is viewed as a positive behaviour (Stavrinides et al., 2010). *Reactive* aggression is a defensive act of aggression which is experienced when a threatening stimulus is perceived. The reaction to the stimulus is anger which is often followed by remorse and thought confusion (Stavrinides et al., 2010). Due to the lack of remorse associated with proactive aggression, this is associated with low empathy towards the victim (Stavrinides., et al, 2010).

Some evidence suggests that low levels of empathy may be a risk factor for involvement in aggressive behaviours (Stavrinides et al., 2010). Research indicates that children with low levels of affective empathy but normal levels of cognitive empathy may display aggressive behaviours (Stavrinides et al., 2010). This implies that both cognitive and affective components of empathy need to be developed effectively as knowledge of emotions alone is inadequate in the reduction of bullying. A study conducted into whether low cognitive and affective empathy predicts bullying or if bullying predicts low cognitive and affective empathy, measured the empathy levels and bullying behaviours of 205 children aged 11 years (Stavrinides et al., 2010). Results of the study suggested that not only does low affective empathy predict bullying but prior bullying also predicts low affective empathy (Stavrinides et al., 2010). Therefore, empathy may be a barrier to future bullying behaviours; and prior bullying may be a barrier to

the development of empathy (Stavrinides et al., 2010). However, through the development of both empathy and pro-social behaviour from an early age, perpetrators of bullying may be less likely to bully others in the future due to reinforced empathy development (Stavrinides et al., 2010).

It is suggested that individuals with callous-unemotional traits lack empathy and are therefore associated with an increased likelihood to bully others. An investigation into the relationship between bullying and callous-unemotional traits amongst 11 and 12 year old participants, indicated that those who reported high bullying levels also had high callous-unemotional traits incorporating low levels of both affective empathy and cognitive empathy (Munoz, Qualter & Padgett, 2011). Results also indicated that participants with normal cognitive empathy levels who had callous-unemotional traits, reported high bullying levels (Munoz et al., 2011). This indicates the significance of affective empathy in reducing and preventing bullying behaviours. Callous-unemotional traits have been further explored with regard to young adults (Kimonis, Branch, Hagman, Graham & Miller, 2012). Of the 687 undergraduate student participants of a recent study, those with reportedly high levels of callous-unemotional traits were associated with antisocial tendencies and low levels of empathy (Kimonis et al., 2012).

Pro-social behaviour, bullying and victimization was explored with 131 participants aged between nine and ten years (Warden & MacKinnon, 2003). The participants were categorized into the following groups; pro-social; bullies; victims; and bully-victims (Warden & MacKinnon, 2003). Each group was measured on social problem-solving skills, empathy levels and social popularity resulting in the following findings. The pro-social group responded more efficiently in socially awkward situations; showed greater empathic awareness; and was significantly more popular than the other groups (Warden & MacKinnon, 2003). The bullying group viewed the consequences of their aggressive behaviour in a positive manner and had significantly lower perspective-taking skills than the pro-social group. Furthermore, the bullying group demonstrated cognitive empathy but lacked affective empathy, which supports the suggestion that it is possible for bullies to have cognitive empathy and ToM skills yet lack affective empathy skills (Warden, & MacKinnon, 2003). The study demonstrated in general that bullies

had low pro-social scores whereas the pro-social participants had low antisocial scores (Warden & MacKinnon, 2003). The association between low empathy and antisocial behaviour was explored in a youth rehabilitation facility with 707 residents participating in the study (Whitt & Howard, 2013). The study revealed that youths with low empathy scores had a very high risk for recurrent criminal offending (Whitt & Howard, 2013). Results were consistent with other research linking low empathy to antisocial behaviour (Whitt & Howard, 2013). The authors of this study suggested that poor life outcomes may be predicted by the inability to establish social relationships and the failure to recognise, acknowledge and respond to the emotions of others appropriately (Whitt & Howard, 2013). Implications of this are that a deficit in empathy seems related to antisocial patterns of behaviour.

2.2. Associated Disorders

Research has indicated that the following disorders have associations with empathy deficits.

2.2.1. Conduct Disorder

Conduct disorder (CD) is a disorder which is usually first diagnosed in childhood or adolescence and is identified as a repetitive pattern of behaviour that violates age-appropriate societal norms and the basic rights of others (American Psychological Association [APA], 1994). Behaviours associated with CD are antisocial in nature and often begin an antisocial developmental trajectory. This may lead to adult personality disorders due to antisocial behaviours becoming more entrenched with age (Kaufman & Landrum, 2009). Children and adolescents who display antisocial behaviours typically lack empathy and are socially hindered (Whitt & Howard, 2013). The significant social deficits demonstrated by an individual diagnosed with CD may further hinder future empathy development (Maynard, Monk & Wilson Booker, 2011). A study investigating the relationship between empathy and CD was undertaken with 30 adolescents diagnosed with CD and 31 adolescents without CD (Cohen & Strayer, 1996). All

participants were aged between 14 and 17 years. Results indicated that the participants with CD scored significantly lower on both affective and cognitive empathy measures than the control group (Cohen & Strayer, 1996). The study stated that empathy deficits may contribute to antisocial behaviour and antisocial behaviour may contribute to impaired empathy development (Cohen & Strayer, 1996).

A further study examined boys with CD and the association with empathy (Schwenck, Mergenthaler, Keller, Zech, Salehi, Taurines, Romanos, Scheklmann, Schneider, Warnke & Freitag, 2012). The 70 boys who were diagnosed with CD were divided into two groups, being those with high callous-unemotional traits and those with low callous-unemotional traits (Schwenck et al., 2012). The boys with high callous-unemotional traits demonstrated significantly impaired affective empathy levels and those with low callous-unemotional traits did not differ from the control group included in the study regarding affective empathy levels (Schwenck et al., 2012). This suggests that CD appears to be associated with a deficit in affective empathy.

2.2.2. Personality Disorders

Personality disorders are identified as patterns of behaviour and inner experience that differ considerably from cultural expectations of an individual and lead to distress or impairment (American Psychological Association [APA], 1994). Specifically, antisocial personality disorder (ASPD) is identified as a pattern of violation and disregard of the rights of others (APA, 1994). The Diagnostic and Statistical Manual of Mental Disorders IV accepts that the pattern of ASPD also includes psychopathy, whereas other research includes psychopathy as a separate disorder (APA, 1994; Soderstrom, 2003). It has been suggested that psychopathy is an empathy disorder incorporating impaired development of emotions, coherence and communication, resulting in significant social and character dysfunction (Soderstrom, 2003).

Regardless of whether psychopathy is included as part of ASPD or as a separate disorder, the relationship between psychopathic traits, antisocial behaviour and empathy deficits is widely accepted. For instance, psychopathic traits are closely linked with antisocial behaviour and are associated with

difficulties in accepting and comprehending the distress of others (Neumann, Schmitt, Carter, Embley & Hare, 2012; Jones, Happe, Gilbert, Burnett & Viding, 2010). A study examining the relationship between psychopathic traits and inappropriate empathic responses towards the emotional displays of others, indicated that individuals with high psychopathic levels responded with pleasure towards the sadness or distress of others (Ali, Amorim & Chamorro-Premuzic, 2009). Another study investigating the correlation between an empathy deficit and antisocial behaviour of prison inmates found a link between the level of empathy and the level of antisocial behaviour (Brook & Kosson, 2012).

Overall, empathy deficits have been indicated as being the central deficit underlying personality disorders (Whitt & Howard, 2013).

2.3. Family Violence

The term *family violence* is used to identify verbal, emotional, psychological, sexual or physical violence amongst family members (Corvo & deLara, 2010). For example, parental violence towards children (child abuse), is a form of family violence as is inter-parental and inter-spousal violence which refers to violence occurring between parents/spouses (Corvo & deLara, 2010).

2.3.1. Parental Empathy and Family Violence

Evidence suggests that a relationship exists between low parental empathy and family violence (Wiehe, 2003; Rodriguez, 2012; Rodriguez, Cook & Jedrzewski, 2012). A study involving 52 physically and emotionally abusive parents and 101 foster parents was undertaken to establish if any differences were present between the empathy levels and narcissistic traits of each group (Wiehe, 2003). Participants were measured by one empathy scale and two narcissistic scales (Wiehe, 2003). On the empathy scale, results indicated significant differences between the abusive parents and the foster parents (Wiehe, 2003). Results suggested that the abusive parents were unable to take the perspective of others; showed less kindness and consideration for others; and struggled to affectively cope with difficult interpersonal

situations (Wiehe, 2003). These elements are all related to a lack of empathy. On the narcissistic scale, results indicated self-centredness amongst the abusive parents which when combined with the lack of empathy may have lead to their abuse of their children (Wiehe, 2003). A further study involving 135 mothers and their children aged four to nine years, obtained self-reports completed by the mothers regarding their child-abuse potential (Rodriguez, 2012). Empathic concern and perspective-taking as well as expected punishments of children and negative attributions were measured (Rodriguez, 2012). Results indicated that those with poorer empathic ability were also those with increased potential to physically abuse their children; punish their children; and view their children's misbehaviour more negatively (Rodriguez, 2012).

These studies suggest a relationship between low parental empathy and child abuse. Parents with low empathy levels appear to be less sensitive to their children's emotional states and tend to view their behaviour in a more negative manner.

2.3.2. Bullying and Family Violence

Research suggests that bullying may increase the likelihood of future family violence, and that family violence may increase the likelihood of children's involvement in bullying situations (Baldry, 2003; Smokowski & Holland Kopasz, 2005; Holt, Kaufman Kantor & Finkelhor, 2009; Corvo & deLara, 2010). For example a study involving 1059 school children investigated the relationship between exposure to parental violence, and school bullying and victimization (Baldry, 2003). Results indicated that exposure to parental violence was significantly associated with bullying particularly with regard to girls (Baldry, 2003). Furthermore, children who were harmed by their fathers were more likely to be either bullies or victims at school (Baldry, 2003). This study suggests that bullying appears to be a negative response to family violence experienced at home (Baldry 2003).

Research suggests that bullies are often conditioned by their own family life (Smokowski & Holland Kopasz, 2005). For example, familial dysfunction is often reported by perpetrators of bullying through various forms of rejection, hostility and aggression (Smokowski & Holland Kopasz, 2005).

Research also indicates a high level of family conflict; a lack of parental supervision and involvement; and a lack of parental warmth is present in familial homes of bullies (Holt, Kaufman Kantor & Finkelhor, 2009). In familial homes such as these, aggression is learned as a means to an end and is often used to assert power in the home (Smokowski & Holland Kopasz, 2005). It is suggested that bullies, victims and bully-victims tend to be considerably more likely to be exposed to child maltreatment and family violence than peers without any involvement in bullying (Holt, Kaufman Kantor & Finkelhor, 2009). Many bully-victims in particular come from abusive homes and tend to develop an untrusting and often antagonistic view of others in general which influences their pattern of behaviour throughout life (Smokowski & Holland Kopasz, 2005).

Some evidence suggests that engagement in bullying behaviour may be a risk factor for future family violence. This was examined to determine if engagement in bullying does lead to domestic violence or if they both have common risk factors (Corvo & deLara, 2010). The outcome of this examination was that bullying may predict domestic violence, for instance, a perpetrator of domestic violence may be identified earlier in life by the developmental progression of antisocial behaviour often including bullying. A lack of empathy amongst perpetrators of domestic violence was also indicated in this study (Corvo & deLara, 2010). Another study conducted on adults who were previously categorised as bullies at age 11 to 14 years, reported that at age 30 years, they were more likely to display aggression toward their partners and engage in harsh physical punishment of their children (Smokowski & Holland Kopasz, 2005). Furthermore, adults who were previously bullies, had children who were more likely to become bullies which indicates an intergenerational cycle of bullying behaviour (Smokowski & Holland Kopasz, 2005).

Positive parenting behaviour such as affection, support, good communication and involvement are indicated as protective factors against victimisation (Lereya, Samara & Wolke, 2013). This illustrates the relationship between bullying, family violence and a lack of empathy.

2.3.3. Personality Disorders and Family Violence

Studies indicate that an association between personality disorders and family violence is evident, related to a lack of empathy (Lobbestael & Arntz, 2010; Afifi, Mather, Boman, Fleisher, Enns, MacMillan & Sareen, 2011; Corvo & deLara, 2010). In a study conducted in New Zealand, the factors identified as being closely associated with violence towards a partner or spouse included early antisocial behaviour and mental health problems (National Institute of Justice, 1999). These factors are also closely linked with the developmental trajectory of antisocial behaviour and antisocial personality disorder (ASPD).

Research indicates that exposure to child abuse is a contributing factor to the development of personality disorders such as ASPD (Lobbestael & Arntz, 2010). Physical abuse in particular is linked with ASPD (Lobbestael & Arntz, 2010). A study measured the reactions of individuals with ASPD when presented with abuse-related stimuli and compared these to the reactions of a control group. Results indicated that individuals with ASPD tended to develop very controlled reactions which may contribute to the notion of individuals with ASPD lacking empathy and demonstrating desensitization towards abuse (Lobbestael & Arntz, 2010).

A large study analysed data collected over the course of a year concerning 34653 people over 20 years of age in the USA (Afifi et al., 2011). Data was concerned with identifying any associations between childhood adversity and personality disorders. Results from this study indicated that with regard to childhood adversity, 30 percent of the sample was exposed to abuse and/or neglect in their childhood and 40 percent of the sample was exposed to a household dysfunction which included inter-parental violence, and a variety of other parental antisocial behaviours (Afifi et al., 2011). Further results showed that all types of childhood abuse, neglect and household dysfunction increased the likelihood of developing a personality disorder (Afifi et al., 2011). A strong association between childhood adversity and personality disorders was evident in this study which reinforces the notion that environmental influences may shape the personality of a developing individual beginning in early childhood (Afifi et al., 2011).

Therefore, personality disorders which have an association with an empathy deficit may be influenced by exposure to abusive childhood experiences.

In summary, children with empathy deficits may have impeded development and ongoing negative affects throughout adulthood. The relationships outlined between empathy deficits, bullying, personality disorders and family violence illustrate the severity of this deficit and the influence it has on future generations repeating patterns of antisocial behaviour related to an empathy deficit. It has been suggested that through the use of a school-based empathy development programme, instances of bullying and future family violence may be lessened (Roots of Empathy, 2014).

Chapter 3: An Empathy Development Programme (EDP)

All children are born with a sense of empathy and ability to connect with others however; this must be reinforced through responsive relationships to determine effective development & pro-social behaviour (Kidron & Fleischman, 2006). During infancy and early childhood, this occurs through positive interactions with family members. Throughout the child's development, interactions with peers become increasingly important (Kidron & Fleischman, 2006). Therefore, the encouragement of empathic awareness and pro-social behaviour is beneficial in a school-setting to reinforce positive peer interactions.

For the purposes of this study, an empathy development programme (EDP) refers to a hypothetical primary school based programme incorporating a curriculum designed to develop the learners' ability to behave in a compassionate manner with regard to both empathy and pro-social behaviour. An EDP may be taught as a school-wide programme or within an individual classroom (Salmon, 2003). The following chapter outlines a hypothetical EDP with reference to research in support of various features deemed as necessary.

3.1. Goals

The New Zealand Ministry of Education stipulates that the New Zealand curriculum is focused on specific areas to enhance students learning (Ministry of Education, [MOE], 2007). Through these areas, New Zealand students are encouraged to enjoy learning; are provided with opportunities to think critically and manage themselves; set goals and overcome obstacles; and are prepared to relate with others. Furthermore, these qualities are specified as being necessary for individuals to succeed in adulthood (MOE, 2007).

The behavioural goals of an EDP include the following; participants of an EDP will behave in a pro-social manner through favourable actions towards others inspired by empathic values and

conscientiousness not prompted by self-interest (Kidron & Fleischman, 2006); participants will gain the necessary interpersonal and intrapersonal skills and attributes needed to succeed as functional adults (MOE, 2007).

An expanding body of research indicates that social education is of equal importance as academic education is in the school curriculum (Hymel, Schonert-Reichl & Miller, 2006). This is due to evidence suggesting that children who experience social difficulties and who are significantly rejected by school peers within primary school years are considered to be at significant risk for serious issues during high school years (Hymel et al., 2006). The severity of consequences due to these issues tends to develop into limited adulthood success (Hymel et al., 2006). A paper focused on illustrating the importance of the inclusion of social education in schools highlights five primary reasons for this (Hymel et al., 2006). These reasons are the following; 1) serious social and emotional problems experienced by students interfere with school performance, interpersonal relationships and therefore the potential to become functional adults; 2) social and emotional issues have become a practical problem for teachers due to the interference social and behavioural problems pose for academic teaching and learning; 3) education is intended to generate good citizens as well as good learners; 4) social and emotional learning is paramount to facilitate academic and adulthood achievement; and finally, 5) schools already subtly focus on social and emotional learning through emphasis on creating a principled environment incorporating rules and attitudes encompassing notions of belonging and school connectedness which are paramount to student success (Hymel et al., 2006).

The notion of enhancing children's development to manage life tasks effectively into adulthood is well-supported by renowned experts on social and emotional learning such as The Collaborative for Academic, Social and Emotional Learning, [CASEL] (Durlak, Weissberg, Schellinger, Dymnicki & Jamie, 2011). Social and emotional learning refers to the set of necessary skills, attitudes and values which children develop in order to comprehend and manage their life tasks effectively throughout their development and into adulthood (CASEL, 2002). CASEL further emphasizes the connection between the

development of social and emotional skills and academic success through the enhancement of self-awareness, self-management, social awareness, relationship skills and responsible decision-making skills (Durlak et al., 2011). Students who develop effective social and emotional skills tend to develop a greater sense of school-connectedness which is a central factor in achieving academic success to facilitate a more beneficial outcome in life (Elbertson, Brackett & Weissberg, 2010). School-based programmes to develop social and emotional skills enhance the academic achievement of students due to increased self-awareness and confidence which encourages students to set high goals, motivate themselves and effectively manage their time (Durlak, Weissberg, Schellinger, Dymnicki & Jamie, 2011). Social and emotional skills facilitate positive connections between students, teachers and peers; perception; pro-social behaviour; and critical thinking which are all crucial to the successful academic outcome of students (Elbertson et al, 2010). Additionally, the development of social and emotional skills also tends to provide resilience against a host of antisocial behaviour including school-bullying and aggression, drug and alcohol abuse, school failure and early school-leaving (Elias & Weissberg, 2000; Gumpel & Sutherland, 2010). Furthermore, these skills impact each individual throughout adulthood due to effective interpersonal, communication, decision-making, problem-solving, negotiating, self-management and listening skills and self-esteem being developed through the course of a school-based programme (Elbertson et al, 2010). The following specific goals focus on developing both cognitive and affective components of empathy.

3.1.1. Recognising and Understanding Emotions within the self and others

The recognition and acknowledgement of emotions incorporates elements of cognitive empathy whereas the understanding of emotions incorporates elements of affective empathy (Stavrinides, Georgiou & Theofanous, 2010). Both of these elements are important when developing empathy as awareness of the emotional state of others does not necessarily illicit an empathic response; the ability to experience the emotional states of others motivates empathic responses (Eisenberg, 2010). Through recognising and understanding emotions, individual management of these emotions as well as motivation to think about

how individual actions influence others are established (Lopes, Mestre, Guil, Kremenitzer & Salovey, 2012; Maynard, Monk & Booker, 2011; Gordon, 2001). Many children are unable to connect nonverbal communications such as facial expressions with the emotional state of others (Maynard, Monk & Booker, 2011). Therefore, skills such as recognizing and understanding various emotional states such as happiness, sadness and fear; the corresponding facial expressions, voice tones and body language; and potential causes to experience these emotions seems beneficial to be included within the teaching of an EDP.

3.1.2. Perspective-Taking

As perspective-taking is a major component of cognitive empathy, it seems necessary to include the development of these skills in an EDP. It is suggested that activities involving children engaging in role-playing may enhance perspective-taking skills (Goldstein & Winner, 2012). A possible reason for this is that the children must imagine themselves in the situation of another, both physically and emotionally. To effectively perform this task, close attention needs to be paid to the character they are portraying (Goldstein & Winner, 2012). The inclusion of role-playing or other arts training tasks seems beneficial in including in an EDP to promote perspective-taking skills.

3.1.3. Acceptance, Inclusion and Respect for differences

Accepting and respecting others' differences are aspects of cognitive empathy due to the awareness of others' positions, similar to perspective-taking. Therefore, an EDP should include the promotion of these aspects to enable the participants to include all peers and to accept individualism (Gordon, 2001). Sessions incorporating a focus on democracy may encourage all involved to participate and to respect opinions (Roots of Empathy [ROE], 2014). Acceptance of diversity is important for participants to include everyone regardless of any differences between them (ROE, 2014). For example, a current EDP stipulates that when participants are faced with diversity whether it is race, culture, religion

or disability, they are encouraged to find a commonality between themselves and each other (ROE, 2014). The aim of this is to encourage the participants to become more accepting and aware of the importance of including everyone despite various differences and to encourage the participants to consider social injustices (ROE, 2014).

3.1.4. Knowledge and Understanding of Infant Development, Safety and the notion of Attachment

Due to the relationship between low parental empathy and family violence, the inclusion of skills related to increasing both empathy and future parental responsiveness may be beneficial in an EDP. Observations of a healthy parent and child relationship may be implemented through the use of a visiting mother and infant to regular sessions of the EDP (ROE, 2014). These real-life scenarios may be used to emphasise the importance of responsive interactions to develop attachment (Gordon, 2001). Lessons incorporating information on how an infant physically develops and what they require to reach each developmental stage may be included to provide a knowledge base for future parenting (ROE, 2014). Specific aspects of infant safety may be included in the EDP. For example, the dangers of second-hand smoke for infants may be discussed as well as the risks and consequences of Shaken Baby Syndrome (ROE, 2014). Discussions incorporating reasons for infant distress and the parents' role to resolve this distress provides opportunities for parental stress to be acknowledged and specific responsive parenting strategies to be taught in the aim of curbing future unresponsive parenting (Gordon, 2001). Through the use of both a working model of healthy interactions and discussions on effective parenting, messages opposing family violence may be realised by the learners in the EDP.

3.1.5. Violence Prevention

Violence prevention is an important aspect of an EDP. Skills taught should include interactive techniques to promote both personal and social competency (Weir, 2005). Therefore, skills focused on alternative methods of dealing with emotions such as anger, embarrassment, sadness or hurt with a problem-solving approach are relevant. Encouragement to stop and think before acting with a continuous awareness of the emotions of others is necessary, as often immediate actions of aggression are due to perceived interpretations of others. For example, an EDP implemented in the USA known as Promoting Alternative Thinking Strategies (PATHS) teaches strategies such as ‘the turtle’ for young children when they feel angry when their usual action would be to physically hurt a peer (Curtis & Norgate, 2007). By using ‘the turtle’, the children are curling up into a ‘shell’ (ball) and counting to ten, then taking a deep breath and verbalizing what the problem is instead of physically reacting. This strategy encourages the children to use self control by calming down and thinking before they act (Curtis & Norgate, 2007). The children are also encouraged to think about what they can do to solve their problems (Curtis & Norgate, 2007). Using a problem-solving approach in conjunction with self-control strategies targets and promotes social competency.

3.2. Procedures

Procedures used in an EDP may include weekly lessons focused on various topics relating to empathy development. The EDP may be delivered by the regular classroom teacher with trained expertise in the specific programme, or by a specialist who regularly visits the classroom to deliver the programme. An international study suggests that a teacher-led approach to a programme enhancing pro-social behaviour tends to be more effective than an external provider teaching the programme, however external provider approaches were also identified as being beneficial (Durlak, Weissberg, Schellinger, Dymnicki & Taylor, 2011).

It has been acknowledged that the procedures to effectively deliver an EDP are the following; didactic; experiential; role-playing; and modeling (Sahin, 2012). Didactic delivery refers to specific instruction provided by the programme teacher and may include teacher-led discussions. Experiential delivery includes the use of direct experience by the learners such as problem-solving, group tasks, home tasks and games. Role-playing refers to the enactment of scenarios related to the programme and modeling refers to the modeling of behaviours which may be observed by the learners. Further to these methods of delivery, participants should be promoted socially, given roles of responsibility and receive sensitive support throughout the EDP (Sahin, 2012).

3.2.1. Didactic

An EDP may involve teacher led discussions regarding what emotions are and how they may be represented (Sahin, 2012). The use of teacher-led discussions may encourage whole-class discussions which is an important aspect of many EDP's due to the nature of each individual being included, accepted and respected (for example, ROE, 2014). The Promoting Alternative Thinking Strategies (PATHS) programme acknowledges that teacher-led discussions about emotions provides a powerful approach to demonstrate that everyone experiences feelings of sadness or anger and knowing how to deal with these feelings and problem-solve is important (Curtis & Norgate, 2007).

Incorporating the EDP into the regular classroom curriculum through teacher instruction may be applied to all areas of academic instruction. For example, Seaman (2012) found the following; 1) within literature, books with a strong message and characters that the students can relate to may encourage perspective-taking; 2) the organization of class debates involving topics that are relative to the students may reinforce the notion of thinking of others; 3) compassion can be incorporated into the subject of social science by focusing on historical events, social injustices and stereotypes; 4) studying genetics in science may encourage discussion about stereotypes; 5) allocating a week of the school year to mark respect and kindness can allow for various art and music activities (Seaman, 2012).

3.2.2. Experiential

The incorporation of different types of media including games, books, digital video devices (dvd)'s and audio devices may be effective in delivering an EDP to help capture and maintain the participants' interest (Maynard, Monk & Booker, 2011). Through the use of these tools, students may feel comfortable to communicate more openly about their own experiences of the topics focused on through the media (Maynard et al, 2011).

Problem-solving is an important aspect of pro-social behaviour which is crucial for life success (Elbertson, Brackett & Weissberg, 2010). Story-telling may be used to reinforce problem-solving and perspective-taking (Curtis & Norgate, 2007). Perspective-taking may also be encouraged through group work and home tasks, as these may reinforce the fact that the same thing can be viewed differently by various people (Sahin, 2012). In a review of a primary school class in the USA, Upright (2002) found that shared moral dilemmas through teacher-led story-telling provided an avenue for the students to think about the perspective of others and develop a sense of care and concern (Upright, 2002). This was delivered through the following process; 1) the teacher would assess the level of moral development in the class and then choose a story that was appropriate in the sense of having an obvious problem with several justifiable solutions and characters of interest to the class; 2) the teacher would provide background information on the story and allow for discussion and questions to ensure the class all understood the main elements to be presented in the story; 3) when telling the story, the teacher would encourage the students to think about the perspective of characters and their emotional states through role-playing at times; 4) immediately after presentation of the story, the teacher would question the students on their positions and why they felt their positions were justified (Upright, 2002). To encourage the notion of respecting different perspectives, group work was used at times; discussions based on personal experiences relating to various characters was encouraged; and further activities such as creating visual media to emphasize the story provided opportunities for the students to demonstrate thoughts and solutions to the moral dilemma (Upright, 2002).

3.2.3. Role-Playing.

It is acknowledged that empathy including Theory of Mind (ToM) may be enhanced with acting training (Goldstein & Winner, 2012). This may be due to the fact that actors must analyse all elements of the lives of the characters they are depicting to successfully play the role of a realistic character. This analysis includes actors considering the beliefs, desires, and motivations of the characters they portray (Goldstein & Winner, 2012). This procedure requires mature ToM which is considered to be a component of cognitive empathy (Goldstein & Winner, 2012). A recent study investigated the link between acting training and increased empathy with two cohorts of school children (Goldstein & Winner, 2012). The first group included participants aged seven to 11 years and the second group included participants aged 13 to 16 years. Empathy was measured both before and after ten months of acting training through self-rated questionnaires (Goldstein & Winner, 2012). Results indicated that both groups of participants showed significantly higher empathy levels relating to perspective-taking after the acting training even though no specific empathy training was undertaken (Goldstein & Winner, 2012). Also, the older group of participants showed increased ToM after the acting training (Goldstein & Winner, 2012). The authors of the study concluded that perspective-taking through acting may lead to enhanced empathy and theory of mind (Goldstein & Winner, 2012).

Role-playing used within various EDP's is an effective method of programme delivery (Sahin, 2012). For example, the Promoting Alternative Thinking Strategies (PATHS) curriculum relies considerably on role-playing in its delivery (Curtis & Norgate, 2007). Common tasks for the children participating in the programme include acting out various strategies taught to effectively deal with emotions such as anger and frustration using associated facial and bodily expressions (Curtis & Norgate, 2007).

3.2.4. Modeling

A school-wide programme focused on modeling social skills is considered to be one of the most effective ways to encourage pro-social behaviour (Kidron & Fleischman, 2006). Modeling of both

empathic skills and pro-social behaviour is fundamental to the delivery of the Roots of Empathy (ROE) programme, which is a current school-based EDP delivered in several countries including New Zealand (ROE, 2014). For example, an infant and their caregiver regularly visit the participating classroom to provide a model of healthy interactions between an infant and caregiver (ROE, 2014). Through these visits, programme participants observe a model of appropriate communication, responses and attachment which are all relevant to the development of empathy and pro-social skills which must be applied throughout life including as future responsive parents (ROE, 2014). Furthermore, when participants observe these interactions, they are encouraged to think about their own life experiences in the effort of extending their observations to become skills they may apply to experiences with peers (Rifkin, 2010).

A study into an EDP implemented in primary schools incorporated regular modeling to deliver the programme (Sahin, 2012). This occurred through the use of visual media the students observed and were required to imitate by themselves, in groups and at home with friends and family members (Sahin, 2012). Through regular modeling and imitation, the participants developed confidence to use these skills and results of the study indicated that when measured on follow-up, these skills were maintained (Sahin, 2012).

3.3. Outcomes

Outcomes of the EDP should include; students behaving with an awareness and sensitivity towards others (Garton & Gringhart, 2005); students behaving in a pro-social manner (Kidron & fleischman, 2006); and students gaining attributes needed to succeed long term (Ministry of Education [MOE], 2007). Further results may include a greater sense of school connectedness, enhanced academic performance, self-confidence and decreased aggressive and bullying behaviours. Potential outcomes and examples of programme-outcomes are outlined.

3.3.1. Benefits

The possibility of developing empathy within the school setting has been posed as potentially beneficial in reducing long-term societal problems and has gained in popularity (Gordon, 2001; Rifkin, 2010). A school-wide programme has been noted as gaining the most positive effects due to its widespread accessibility and un-intrusive setting (Kidron & Fleischman, 2006).

It has been suggested that currently, young people spend less time in interpersonal social interactions due to the advancement of technological communication and increasingly busy lifestyles minimizing quality interactions including family interactions (Gordon & Letchford, 2009; Gordon & Green, 2008). Due to this, specific social and emotional skills are not being used and/or practiced effectively therefore the need for these skills to be reinforced and practiced effectively in another setting such as within school, seems apparent at present (Gordon & Letchford, 2009; Gordon & Green, 2008).

3.3.2. Effectiveness

A variety of research has been considered to determine the effectiveness of an EDP. For instance, CASEL has developed a set of ten guidelines for schools to follow when implementing an effective social and emotional learning programme (Elbertson, Brackett & Weissberg, 2010). These stipulate that the programme must; be evidence-based; be applicable to real-world daily life; focus on fostering whole-school connectedness; be developmentally and culturally appropriate; be focused on enhancing positive development in its framework; concentrate on positive interactions, participation and proficient learning practices; involve families and communities; adhere to policies, planning, resources and time; make professional development available; incorporate continuing evaluation and improvement (CASEL, 2002).

Other evidence suggests that the reinforcement of responsive relationships between the participants of an EDP and school staff, peers and family members must be encouraged as this is what determines effective empathy development and pro-social behaviour (Kidron & Fleischman, 2006). Some

suggestions have been made that empathy training should include psychosocial elements and is most beneficial if it is taught by the classroom teacher or a member of the school guidance department (Sahin, 2012). Conversely, some suggestions have been made that empathy is an ability which cannot be taught, however it has also been acknowledged that empathy may be *enhanced* through specific training of skills associated with empathy and pro-social behaviour (Sahin, 2012).

Evidence that participation in an EDP may reduce the antisocial behaviours aligned with empathy deficits including both bullying and family violence is acknowledged (Stavrinides et al., 2010; Bender & Losel, 2011; Lereya, Samara & Wolke, 2013; Rodriguez, 2012). As bullying is acknowledged as a risk factor for future antisocial behaviour, an anti-bullying programme implemented as a whole-school programme seems imperative (Bender & Losel, 2011). This whole-school approach to target antisocial development in the effort to prevent future antisocial behaviour ideally should include child and family oriented strategies (Bender & Losel, 2011). Research stipulates that in order for programmes to be effective, parenting styles and parent-child relationships must be considered to provide benefits for participants against school bullying and future antisocial development (Lereya, Samara & Wolke, 2013). Reasoning for this suggestion is due to the relationship between ineffective and poor parenting practices and the impact of these on children's poor peer relationships (Lereya et al., 2013). Families should be included in these programmes to interrupt the cycle of ineffective parenting and family violence as well as associated school-based problems. Suggestions have been made to provide programmes prior to school commencement particularly for children who are at high risk of antisocial development. As so many influences occur prior to school entry, these ideally need to be intervened to prevent potential school bullying commencing at school (Lereya et al., 2013). Participants would therefore learn adaptive strategies and pro-social behaviour before problems arise.

3.3.3. Examples

Various studies of programmes focused on empathy development and increased pro-social behaviour have been undertaken to investigate their effectiveness. A recent study investigated the

efficiency of an EDP on bullying prevention in primary schools (Sahin, 2012). Results suggested a significant decrease on bullying behaviours as a result of empathy training. This continued 60 days after the programme when measured on follow-up (Sahin, 2012).

A study on the academic, social and emotional effects of the RULER programme on 273 school children aged between nine and 12 years indicated beneficial results (Brackett, Rivers, Reyes & Salovey, 2010). The programme used a skill-based approach to teach participants to Recognize, Understand, Label, Express and Regulate (RULER) emotions, through the use of both formal lessons and multiple practice opportunities in the effort of enhancing academic and pro-social behaviour while also decreasing antisocial behaviour (Brackett et al., 2010). The study measured both pre-test and post-test scores of teacher, peer and academic reports, for participants and compared these to reports of a comparison group (Brackett et al., 2010). Results indicated that after participation in RULER, participants had higher academic reports and higher social and emotional competence in some areas when compared to the comparison group. Teachers reported higher scores relating to adaptability, positive relationships, leadership and studying and lower scores on school problems for participants in comparison to the non-participant group (Brackett et al., 2010). These results indicate that the children involved in the programme demonstrated greater academic and social and emotional outcomes than children not involved in the programme.

The PEACE (Parent empowerment, Empathy training, Anger management, Character education, Essential social skills) programme was evaluated in conjunction with ART (Aggression Replacement Training) with beneficial results (Salmon, 2003). For instance academic grades increased and failing grades decreased, school suspensions decreased by 90 percent, and school absences decreased by 70 percent after students engaged in the programme (Salmon, 2003).

An evaluation of the outcomes of the PRAISE (Preventing Relational Aggression In Schools Everyday) programme indicated that girls tended to show decreases in relational aggression and increases in knowledge levels of social information processing and anger management after participation in the programme (Leff, Waasdorp, Paskewich, Gullan, Jawad, MacEvoy, Feinberg & Power, 2010).

A study investigated the effects of an EDP in an intermediate school, which was implemented in the effort of reducing bullying behaviour (Stanbury, Bruce, Jain & Stellern, 2009). Results of this study indicated that participants self-reported significantly less bullying behaviour after programme participation, with girls demonstrating greater results than boys (Stanbury et al., 2009).

The PATHS (Promoting Alternative Thinking Strategies) programme was evaluated in a study of 114 participants compared to 173 non-participants throughout several primary schools (Curtis & Norgate, 2007). PATHS involves the implementation of a specific curriculum over the course of one school year with a focus to promote social and emotional thinking (Curtis & Norgate, 2007). The dimensions measured both prior to participation and after participation were; emotional symptoms; conduct problems; hyperactivity and inattention; peer relationship problems; and pro-social behaviour (Curtis & Norgate, 2007). Results of the teacher reports noted the intervention group demonstrated significant improvement across all measured dimensions after participation in the PATHS programme, whereas the control group showed no improvement (Curtis & Norgate, 2007). Teacher interviews highlighted a general perception that the students who participated in the programme demonstrated a greater understanding of emotions, empathy and self-control skills after programme participation (Curtis & Norgate, 2007). Academic achievement, improvements in interpersonal skills, improved relationships with others, reduced risk of engagement in substance abuse, aggression and other antisocial behaviours were all indicated as potential benefits associated with the participation in PATHS (Curtis & Norgate, 2007).

An evaluation of the ROE (Roots of Empathy) programme involved 585 participants aged between eight and 12 years organized into a large treatment group and a smaller control group (Schonert-Reichl, Smith, Zaidman-Zait & Hertzman, 2012). Various empathy related measures such as perspective-taking and pro-social behaviour, were tested prior to programme participation and after programme completion with participant self reports as well as peer reports and teacher reports (Schonert-Reichl et al., 2012). Results indicated significant differences between the treatment group and the control group were self-reported; moderate increases in pro-social measures and small decreases in aggressive behaviour were peer-reported; and significant differences were noted between the treatment group and control group

with regard to aggressive behaviour as reported by teachers (Schonert-Reichl et al., 2012). The study highlighted the benefit of the real-life setting of ROE in establishing pro-social behaviour in children (Schonert-Reichl et al., 2012).

3.3.4. Other Outcomes

Some evidence suggests that a school-wide anti-bullying programme focused on increasing empathy and pro-social behaviour, may only be effective for a small proportion of students (Pepler, Craig, Jiang & Connolly, 2008). For instance, a study was undertaken on 871 students aged between ten and 17 years who were organized into four groups identified as the high-bullying group which demonstrated consistently high levels of bullying; the desist group which demonstrated moderate levels of bullying throughout adolescence and decreased to almost no bullying on conclusion of high school; the moderate group which consistently demonstrated moderate levels of bullying; and the never group which demonstrated almost no bullying at all (Pepler et al., 2008). This study indicated that the desist group which equated 13 percent of the study, was identified as gaining beneficial effects from this type of programme applied between the ages of ten and 13 years. Results also indicated that the high-bullying group which equated ten percent of the study population was most at risk of conduct problems throughout their lives and it was suggested that specialised early intervention would be a more effective intervention type for this group (Pepler et al., 2008). What these results suggest is that a very small proportion of students may obtain positive effects from an EDP and this is determined by the age of students.

Another study on the relationship between empathy and bullying, referred to callous-unemotional traits amongst the 201 student participants aged between 11 and 12 years (Munoz, Qualter & Padgett, 2011). This study indicated that the six percent of students (approximately) who were identified as having callous-unemotional traits also demonstrated low affective and cognitive empathy levels, and high bullying levels (Munoz et al., 2011). Suggestions from the study were that regardless of whether a child learns about the emotions of the peers, if they have callous-unemotional traits; they simply do not care. Furthermore, the knowledge and understanding of how others feel may provide specific strategies for

bullies to target their victims with (Munoz et al., 2011). What this suggests is that for the students who demonstrate callous-unemotional traits, involvement in an EDP may produce no positive effects at all which is of significance, as this group seems to be the group who require empathy development most of all.

Some research suggests that involvement in a programme focused on empathy training and the encouragement of pro-social behaviour may not produce significant benefits for boys as opposed to girls (Warden & MacKinnon, 2003; Stanbury, Bruce, Jain & Stellern, 2009; Leff, Waasdorp, Paskewich, Gullan, Jawad, MacEvoy, Feinberg & Power, 2010; Reniers, Corcoran, Drake, Shryane & Vollm, 2011). For instance, a study evaluating outcomes of an EDP on bullying behaviour, found that girls demonstrated more beneficial results than boys did (Stanbury et al., 2009). Another study indicated that after participation in an anti-violence programme, boys did not demonstrate any changes in their behaviour whereas girls did (Leff et al., 2010). These discrepancies between boys and girls may be due to several factors. For instance, boys and girls may perceive empathy differently so when they self-report as they did in the above studies, their own understandings may differ significantly. Research has often reported a difference in empathy levels between boys and girls and the results reported above may be an example of inconsistent definitions of empathy and unregulated measures (Reniers, Corcoran, Drake, Shryane & Vollm, 2011). Social influences may differ significantly for boys and girls. For example, girls may be conditioned to be more empathic than boys. It has been suggested that intervention involving anger management focused around sport or some other competitive activity tends to be more effective for boys (Leff et al., 2010). Regardless of why there is a discrepancy in results between boys and girls after participation in an EDP, questions arise as to whether boys are gaining beneficial effects from participation in such a programme. Due to boys equating approximately half of all children and adolescents, this is of significance.

In summary, this chapter has outlined potential goals, procedures and outcomes of an EDP which seem to be beneficial. However, these must be determined as acceptable by the public prior to implementation. This is discussed in detail in the following chapter.

Chapter 4: Social Acceptability

Social acceptability refers to perceptions of a specific teaching or psychological therapy programme. Acceptability may be determined from the perspective of an actual consumer, a potential consumer, significant others related to a consumer, professionals who may be called upon to participate in the programme in some way and the general public. Acceptability is an important consideration in the decision to introduce and continue programmes such as a school-based empathy development programme (EDP), since no programme should be introduced into compulsory schooling unless first deemed to be socially acceptable.

4.1. Goals, Procedures, and Outcomes

Social acceptability is determined with regard to three dimensions, namely the behavioural goals of the programme, the specific procedures of the programme and the overall results or outcomes of the programme (Wolf, 1978). These are outlined as follows. *Behavioural goals* of the programme, must be deemed significant to the public (Wolf, 1978). For instance, when evaluating a programme, the goals of the programme must be valuable to the public, as if not, support and commitment to the programme is unlikely (Hurley, 2012). The *specific procedures* of the programme must be evaluated as to whether they are suitable and agreeable to the public (Wolf, 1978). This is important to determine whether the programme is deemed ethical and practical to potential consumers. *Outcomes* are important as regardless of whether objective measurements determine programme effects, subjective perceptions of whether these effects are valuable, tend to determine whether the programme is sustainable for future use. There is an immediate link between the social acceptability of a programme, its use, effectiveness and sustainability, which indicates the importance of examining factors which influence acceptability before attempting to obtain overall treatment effectiveness (Wolf, 1978). Regardless of expert-reported benefits of a

programme, these will only be relevant if the programme is committed to by the participants and others involved in the programme (Seaman, 2012), with commitment sustained until benefits are delivered.

Establishing perceptions of the public, determines the basis for the support and utilization by consumers, and may therefore potentially predict the impact of the programme (Wolf, 1978). Public assessment of a programme incorporates whether the proposed intervention is appropriate for the target group, whether the intervention is ethical, and whether the intervention is aligned with what the public deem to be justified (Kazdin, 1980). Consumer trust and participation are reliant on social acceptability for these reasons (Miramontes, Marchant, Heath & Fischer, 2011). Furthermore, social acceptability data is valuable to help determine aspects of a programme and potential obstacles which may require modification. Information obtained through the evaluation of social acceptability may be used to better tailor the programme to meet consumer needs (Wolf, 1978).

4.2. Studies evaluating Social Acceptability

A popular method of experimentally exploring social acceptability involves university student participants. Kazdin (1980), wanted to determine which of four alternative treatments for deviant child behaviour were deemed to be more acceptable and what variables influenced the degree of acceptability rated by undergraduate university students (Kazdin, 1980). Responses were recorded by the Treatment Evaluation Inventory (TEI) as devised by Kazdin (1980). Findings from this study indicated that firstly, students determined each treatment's acceptability according to the child behaviour problem presented with; secondly, out of the alternative treatment techniques presented, the least intrusive form of treatment was deemed to be the most acceptable; and finally, the severity of the child behaviour problems influenced the acceptability of each treatment technique (Kazdin, 1980). Highlighted in this study was the notion that the information gained from measuring the social acceptability of a treatment may influence necessary changes made to the treatment to better suit the public's satisfaction without altering the efficacy of the treatment (Kazdin, 1980).

Another study evaluated the social acceptability of intervention focused on children's social skills (Gresham, 1983). The study explored three types of measures identified according to their rate of social acceptability. For instance, type one measures included peer acceptance, and teacher and parental judgment (Gresham, 1983). Type two measures included direct observations in the classroom and home, and type three measures included behavioural role-playing and problem-solving tasks (Gresham, 1983). This study indicated that type one measures were deemed to be the most socially acceptable and type three measures were the least (Gresham, 1983).

A study assessing the social validity (acceptability) trends over 31 years of research in applied behaviour analysis indicated that of the studies implemented, less than 13 percent reported any assessment of social validation (Carr, Austin, Britton, Kellum & Bailey, 1999). Of these studies reporting social validation measures, the majority occurred after the late 1970's which coincided with experts Wolf and Kazdin proposing that social validation data is necessary (Carr et al., 1999). Furthermore, studies conducted in naturalistic settings were more likely to include social validation reports.

These examples indicate the following points; 1) the value of using a student sample to assess social acceptability; 2) the value of using parental judgments when assessing acceptability of a programme which targets children; 3) the lack of research measuring social acceptability which suggests a need for this to be produced.

4.2.1. Social Acceptability and School-based Programmes

The following studies measured social acceptability in regard to various school-based intervention programmes. The importance of measuring the social acceptability of a programme is important as if consumers do not value a programme; they are unlikely to utilize it (Hurley, 2012).

Evaluation of the intervention programme Preventing Relational Aggression In Schools Everyday (PRAISE) measured both student and teacher acceptability as an aspect of evaluation (Leff, Waasdorp, Paskewich, Gullan, Jawad, MacEvoy, Feinberg & Power, 2010). Regarding social acceptability, results showed that both female and male students as well as teachers rated the programme as acceptable (Leff et

al., 2010). Teachers also rated the programme as acceptable (Leff et al., 2010). These results indicated that the PRAISE programme was well supported by the community it was implemented in (Leff et al., 2010).

Another study undertaken in Turkey to determine whether an early intervention programme was deemed both effective and socially acceptable reported the following (Diken, Cavkaytar, Batu, Bozkurt & Kurtyilmaz, 2010). Both teachers and parents assessed the social acceptability of the programme. Results indicated that the teachers and the parents rated the programme as acceptable and indicated a high level of satisfaction and positive opinions of the programme (Diken et al., 2010). This may positively influence the effectiveness of the programme (Diken et al., 2010).

A Positive Behaviour Intervention and Support (PBIS) model was assessed as to whether it was socially acceptable among a group of 270 teachers and staff amongst 35 schools with current PBIS programmes in place (Miramontes, Marchant, Heath & Fischer, 2011). Results of this study indicated that nearly all respondents were satisfied with the goals, procedures and outcomes of PBIS (Miramontes et al., 2011). Further results indicated that nearly all respondents agreed or strongly agreed that PBIS had been beneficial to the school and most agreed or strongly agreed that PBIS was worth the time and effort to implement and would recommend PBIS to other educators (Miramontes et al., 2011).

A study involving 165 children aged between nine and ten years who were considered to be at risk of problem behaviour, evaluated both the effectiveness and the acceptability of a problem-solving curriculum implemented as intervention (Daunic, Smith, Brank & Penfield, 2006). Teachers rated the validity of the programme and findings indicated overall acceptability for the programme (Daunic et al., 2006).

A review on reports of social validity (acceptability) assessment with regard to social competence intervention for preschool children was conducted recently (Hurley, 2012). This review reported that between 1970 and 2008, of the 90 studies evaluated, 24 reported at least one measure of social validity assessment including seven studies measuring this with regard to goals, eight studies measuring this with regard to procedures and 19 studies measuring this with regard to outcomes (Hurley, 2012). The review

indicated that in the last decade about half of all the reviewed studies included reports of social validity assessments and went on to reinforce the importance of assessing social validity (Hurley, 2012).

Part Two

This section will report two studies implemented to explore the social acceptability of teaching an empathy development programme (EDP) within the context of New Zealand primary schools.

Consumers' perceptions were gathered to evaluate the programme based on firstly, whether the behavioural goals of the programme, (teaching students empathy-related skills), are deemed significant to the public. Secondly, the specific procedures of the programme were evaluated as to whether they are suitable and agreeable to the public. This is important to determine whether the programme is deemed ethical and practical.

In the first study parents rated acceptability, whereas in the second study current students preparing for a teaching career supplied the ratings. Both studies include hypothetical examples of an EDP based on literature reviewed in Part One.

Chapter 5: Rationale for the following Studies

New Zealand statistics for both school-bullying and family violence indicate serious levels of both (Raskauskas, Gregory, Harvey, Rifshana & Evans, 2010; Ministry of Social Development [MSD], 2013). For instance, approximately one in six New Zealand children is bullied on a weekly basis (Raskauskas et al., 2010). A recent study indicated that over the course of a school year, 47 percent of the 1169 New Zealand secondary school students included in the study, reported being bullied and one in three reported bullying others (Marsh, McGee, Nada-Raja & Williams, 2010). Regarding family violence, every year in New Zealand, an estimated 80000 children are witness to family violence and at any point in time approximately 15 percent of children (163000) are considered vulnerable (MSD, 2013). Approximately ten children are murdered every year as a result of family violence (MSD, 2013). The following statistics were reported in 2010. There were 21000 confirmed cases of child abuse and neglect; 47374 children aged between zero and 16 years were present or indirectly exposed to an incident of reported family violence; 4047 adults were prosecuted by the NZ Police for child abuse; 4238 children were removed from their homes due to abuse; and a further 1274 unborn children were brought to the attention of the New Zealand Child, Youth and Family Services (MSD, 2013). In 2009, 1286 children were admitted to hospital as a result of assault, neglect or maltreatment (MSD, 2013). These statistics indicate the frequency of both school-bullying and family violence in New Zealand. Of concern also is the high number of police attended incidents of criminal antisocial behaviour amongst ten to 14 year olds in New Zealand, 8000 being reported in 2010 (MSD, 2013).

It is recognised that the encouragement of social and emotional skills including empathy, is beneficial in regulating antisocial problems such as these and a school-wide development programme is acknowledged as the most effective way to encourage pro-social behaviour (Kidron & Fleischman, 2006). The age bracket of ten years to 15 years is known as a period of high-bullying (Pepler, Craig, Jiang & Connolly, 2008), which indicates that for this to be reduced, intervention would appear to be most beneficial prior to, and throughout this period. It is also suggested that students who present low levels of

empathy are most likely to engage in bullying behaviour during this period (Rauskauskas et al., 2010). Bullying behaviour has been associated with family violence at times due to the influence of aggressive behaviour children witness and/or experience at home being learned and acted upon amongst peers at school (Pepler et al., 2008). The cycle of aggression being used to obtain desires is then often continued throughout school and into adulthood creating future patterns of familial violence (Raskauskas et al., 2010).

Developing a general concern for others and shared responsibility for the well-being of children is identified as essential in New Zealand because of high rates of family violence (MSD, 2013). Suggestions were made by the New Zealand Ministry of Social Development in 2012 as to areas potentially beneficial to develop improved positive outcomes for vulnerable children (MSD, 2013). These include increased government spending on early intervention programmes and services targeting vulnerable children and better connections between vulnerable children and services (MSD, 2013). The implementation of an EDP may be a beneficial contribution to assist with these suggestions as well as stipulations made by the New Zealand Ministry of Education curriculum (MOE, 2007).

Given the growth of EDP's in primary education, it is desirable to investigate the question of whether it is socially acceptable to teach empathy development within New Zealand primary schools. Acceptability is an important consideration in the decision to introduce and continue such programmes, since no programme should be introduced into compulsory schooling unless first deemed to be socially acceptable to the community, to teachers, and ideally, to the children who are recipients of the instruction.

As New Zealand has a multicultural population (MSD, 2013) it appears imperative to determine if the degree of acceptability of an instructional programme is influenced by different ethnicities/cultures within New Zealand. For instance, the four main ethnic groups identified in New Zealand comprise Māori 24%, Pasifika 12%, Asian 10%, and European or other 54%, (MSD, 2013). From this perspective, different cultural norms may determine differences in whether the inclusion of an EDP within primary

schools is acceptable. Some cultures may believe that this notion is unnecessary to be taught in a school setting whereas others may support it. This must be explored to ensure that various perspectives are considered. Furthermore, as perspective-taking, respect, acceptance and inclusion of others are included as features of developing empathy, assessing acceptability in interactions with culture is important.

As some research suggests that males tend to have lower empathy levels than females and after participation in an EDP do not produce as significant results as females do, the question of whether the gender of respondents influences the degree of social acceptability is relevant (Warden & MacKinnon, 2003; Stanbury, Bruce, Jain & Stellern, 2009; Leff, Waasdorp, Paskewich, Gullan, Jawad, MacEvoy, Feinberg & Power, 2010; Reniers, Corcoran, Drake, Shryane & Vollm, 2011).

The age of potential EDP instruction an essential consideration due to the acknowledged age bracket for high rates of bullying,

Exploring the social acceptability of an EDP is important as social acceptance of any programme tends to determine if it will be implemented, supported, effectively engaged in and finally, produce positive results over time (Wolf, 1978).

Chapter 6: Methods

6.1. Study One

The purpose of Study One was to explore whether the implementation of an EDP in primary schools is acceptable to respondents namely future educators, and furthermore to determine if demographic factors such as the gender, ethnicity or age of the respondents influences the degree of acceptability. Approval from the Human Ethics Committee was sought for this study which was granted on May 31st, 2013, with the reference 2013/03/LR-ERHEC, as specified in Appendix G.

6.1.1. Participants

Participants included 68 under-graduate and post-graduate university students currently enrolled in an education focused course of study. Students were invited to participate in the study via an email distributed to their university email addresses. The email invited participants to complete a brief, anonymous, online questionnaire. The demographics of the participants involved in Study One are indicated in Table 1.

6.1.2. Materials

The online questionnaire, “Exploring the Social Acceptability of Teaching an Empathy Development Programme (EDP) in New Zealand Primary Schools”, contained two sections. The first section, as specified in Appendix B, included five questions regarding the gender, age, ethnicity and parenting experience of respondents. The second section of the questionnaire, as specified in Appendix C, consisted of a hypothetical scenario (scenario one) of a class lesson outlining specific features of an EDP. The scenario presented was set in a typical New Zealand primary school class with the ethnic composition included as reflective of New Zealand child ethnic statistics (Ministry of Social Development, [MSD], 2012). The age of the hypothetical class members was ambiguous. The lesson scenario began with a mother from the community and her infant being welcomed by the classroom teacher and class members.

The lesson progressed with the teacher encouraging discussion of the recognition of emotions and observations of the mother responding to her infant's emotional state. The teacher then encouraged an opportunity for class members to share their experiences of feeling distressed. A child volunteered their experience with verbal insults in the playground from another child who was not specifically identified as being present in the class. The gender of both children was not provided and the names used were gender-ambiguous. A discussion about problem-solving in distressing situations and the importance of helping peers was instigated. The teacher then organized the class into small groups to role-play similar situations to provide practice opportunities for the problem-solving skills discussed. An outline of specific aspects of empathy development was presented below the scenario as a reference for participants to peruse in relation to it.

Following the scenario respondents were required to fill out a modified version of Kazdin's Treatment Evaluation Inventory (TEI) (Kazdin, 1980) as specified in Appendix F. Respondents were asked to answer perceived holistic ratings of how acceptable the scenario was using 1-7 Likert-type responses. Responses ranged from 1 (strong disagreement with the response item) to 7 (strong agreement with the response item), therefore a rating of 1 reflected no acceptability and a rating of 7 reflected high acceptability.

6.1.3. Procedures

An email containing a link to open the online questionnaire run by Qualtrics software was sent to the relevant students. The email explained that to participate, the respondents would need to click on the link to access the questionnaire and all the necessary information. The first page of the questionnaire outlined the purpose of the study and what the study entailed, the length of time required to participate, assurance of anonymity, and information that once participants completed the study, their responses could not be removed. Questions were then asked to gather demographics for the study. Following these questions was a hypothetical scenario (scenario one) of an EDP lesson, and a further ten questions to answer.

Table 1. Demographic Variables Table for Study One Participants

	Number of Participants (N)	Percentage (%)
Gender		
Female	58	85
Male	10	15
Age (years)		
18-25	16	23
26-35	14	21
36-45	23	34
46-55	12	18
56-65	3	4
66+	0	0
Ethnicity		
European/Pakeha	59	86
Maori	4	6
Pasifika	1	2
Asian	1	2
Other	3	4
Parenting Experience		
Never Parented	26	38
Parented	42	62
Total	68	100

6.2. Study Two

This study had two goals. First, to determine if the implementation of an EDP in primary schools is acceptable to respondents namely parents of current primary school students, and furthermore to determine if demographic factors such as the gender, ethnicity or age of respondents influences the degree of acceptability. Secondly, to explore whether the age of the children depicted as receiving an EDP influences the degree of acceptability of the programme. Approval from the Human Ethics Committee was sought for this study which was granted on May 31st, 2013, with the reference 2013/03/LR-ERHEC, as specified in Appendix G.

6.2.1. Participants

Participants included 33 parents who currently had a child attending primary school situated in a large metropolitan area of New Zealand. Parents were invited to participate in the study via a message included in the newsletter of two primary schools. The first primary school from which 27 participants were recruited, had a decile rating of nine, and was a full primary school (year 0 to year 8) with a roll of approximately 500 students. The decile rating of a school is between one and ten and is determined by the New Zealand Ministry of Education in order to allocate funding for each school in New Zealand. A school with a low decile rating may receive more government funding than a school with a high decile rating. The decile rating is determined by the extent each school draws its students from low socio-economic communities, therefore a school with a decile rating of one draws the highest proportion of students from low socio-economic communities whereas a school with a decile rating of ten draws the lowest proportion of students from low socio-economic communities (Ministry of Education, 2013).

The message in the first school's newsletter invited parents to participate in a brief, anonymous study and directed them to obtain a questionnaire with all necessary information on it from the school office. Following this, in order to obtain additional parents as participants from the first school, another message was included in a further newsletter with a link to access an online version of the questionnaire.

Prior to the second school's involvement, six schools all similar in decile rating and roll number were contacted to invite parents to participate via school newsletter in order to recruit further participants. Of these schools, one agreed to assist with the invitation. Six further participants were recruited from the second school which had a decile rating of seven, and was a primary school (year 0 to year 6) with a roll of approximately 460 students. The message included in the second schools newsletter invited parents to participate in the study by completing a brief, anonymous, online questionnaire. A link was included in this newsletter to access the online version of the questionnaire. The demographics of the participants involved in Study Two are indicated in Table 2.

6.2.2. Materials

The questionnaire used in Study Two, “Exploring the Social Acceptability of Teaching an Empathy Development Programme (EDP) in New Zealand Primary Schools”, contained two sections. The first section, as specified in Appendix B, included five questions regarding the gender, age, ethnicity and parenting experience of respondents. The second section of the questionnaire consisted of two hypothetical scenarios (scenario two and scenario three) of a class lesson outlining specific features of an EDP, as specified in Appendix D and Appendix E. Scenario two and scenario three differed by the specified age group of the class they included. For instance scenario two included a Year 4 class whereas scenario three included a Year 8 class. Both scenarios were set in a typical New Zealand primary school class with the ethnic composition included as reflective of New Zealand child ethnic statistics (Ministry of Social Development, [MSD], 2013).

Scenario two specified the age of the hypothetical Year 4 class members as being between eight and nine years . Scenario two was identical to scenario one except for one statement regarding the teacher finding age-appropriate activities when referring to the role-playing activity. The same outline of specific aspects of empathy development was provided as a reference below scenario two as was provided below scenario one. Participants were required to fill out the same modified TEI provided after scenario two as was provided after scenario one for the participants in Study One.

Scenario three followed and was presented much the same as scenario two; however the age of the Year 8 class differed to include students aged between 12 and 13 years. The language used to refer to emotion recognition was slightly more complex and age-appropriate for instance, descriptions of experiencing cheerfulness, misery, annoyance and worry. The scenario continued much the same as scenario two with minor language differences to allow for age-appropriateness including the teacher’s organization of the class into groups to design posters depicting the aid of someone when another is miserable, to be displayed around the class. Provided below scenario three was an outline of specific aspects of empathy development as a reference for participants to peruse in relation to the scenario.

Following scenario three, respondents were required to fill out the same modified TEI questions in the same format as presented in scenario two.

6.2.3. Procedures

The first school received a message in the school newsletter inviting parents to participate by obtaining a copy of the questionnaire from the school office. The first page of the questionnaire outlined the purpose of the study and what the study entailed, the length of time required to participate, assurance of anonymity, and also information that once participants completed the study, their responses could not be removed. Questions were then asked to gather demographics for the study. Following these questions was the hypothetical scenario two of an EDP lesson, and ten questions to answer, then the hypothetical scenario three of an EDP lesson and a further ten questions to answer. The second message included in the first schools newsletter explained that to participate, the respondents would need to click on the link to access the questionnaire and all the necessary information. This questionnaire followed the same format as described above. The message included in the second schools newsletter explained that to participate, the respondents would need to click on the link to access the questionnaire and all the necessary information. This online questionnaire was the same online questionnaire provided to the first school.

Table 2. Demographic Variables Table for Study Two Participants

	Number of Participants (N)	Percentage (%)
Gender		
Female	23	70
Male	10	30
Age (years)		
18-25	0	0
26-35	4	12
36-45	24	73
46-55	5	15
56-65	0	0
66+	0	0
Ethnicity		
European/Pakeha	26	79
Maori	1	3
Pasifika	0	0
Asian	4	12
Other	2	6
Total	33	100

Chapter 7: Results

Participants' overall acceptability scores were produced by summing each of their responses in the modified Treatment Evaluation Inventory (TEI), (Kazdin, 1980), yielding a minimum possible score of 9 and a maximum possible score of 63.

Participants involved in Study One rated scenario one only, whereas participants involved in Study Two rated both scenario two and scenario three. Scores for scenario two and scenario three were summed separately. The overall TEI scores were categorized in the following way. Taking the seven point measure applied to nine questions with four consistently selected would indicate a neutral response overall, and equates to a total score of. 36. By the same argument, 44 or greater was considered to indicate overall positive acceptability, although it is noted that many other combinations of responses across the options could deliver total scores in the same range as these.

The final question included in the questionnaire provided an opportunity for respondents to comment on whether they would like their children to receive the EDP if they were parents (hypothetical or real). Qualitative responses to this question were examined to provide insight into the overall acceptability ratings offered by each participant.

7.1 Study One

7.1.1 Demographic Variables

The impact of demographic variables on Treatment Evaluation Inventory (TEI), (Kazdin, 1980), scores was examined by separating all of the responses by each demographic group. The responses within each demographic group were summed and the means and standard deviations were calculated and shown in Table 3. Table 3 shows that the impact of gender, age, ethnicity and parenting experience of respondents overall acceptability scores was negligible.

Table 3. Acceptability Scores: Means and Standard Deviations regarding Demographic Variables for Scenario One.

Study One	Scenario 1 Mean	Scenario 1 Standard Deviation
Gender		
Female	48.26	7.52
Male	48.70	7.30
Age (years)		
18-25	45.75	10.40
26-35	49.43	3.90
36-45	50.70	5.40
46+	46.40	8.17
Ethnicity		
European/Pakeha	48.17	7.61
Other	49.33	6.44
Parenting Experience		
Never Parented	46.77	8.57
Parented	49.29	6.57

7.1.2 Overall Acceptability Ratings

The overall acceptability scores for Study One are reported in Figure 1.

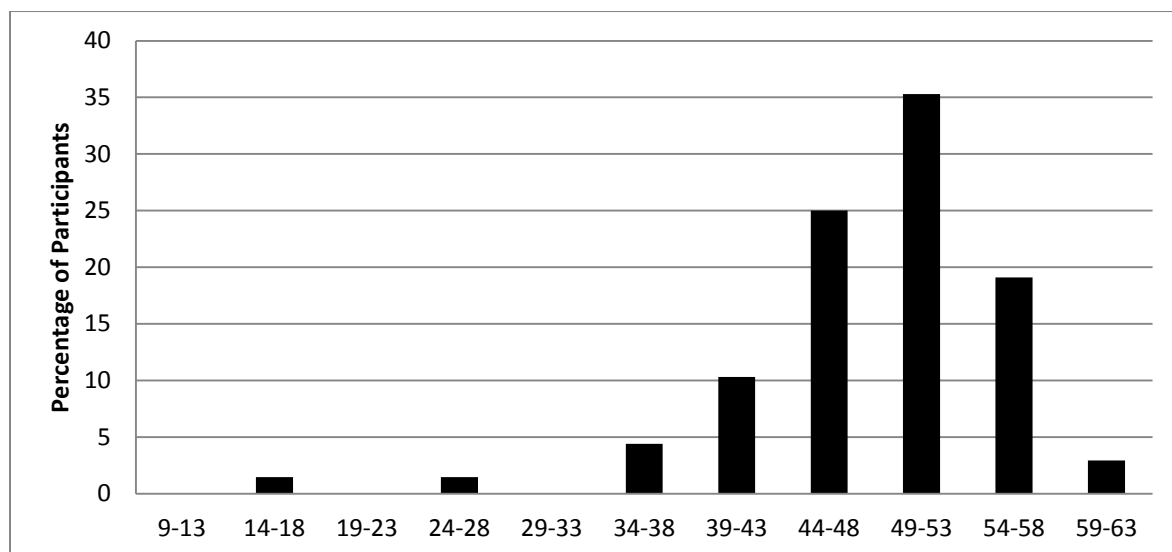


Figure 1. Frequency of Total Acceptability Scores for Scenario One.

Study One respondents reported high overall acceptability scores (Figure 1). The range of responses was high (15 to 60), with the overall distribution skewed towards higher scores, with a larger number of scores falling in the range 44 to 58 (Figure 1). The majority of respondents (82%) who responded to scenario one, scored an overall acceptability rating of 44 or greater and a lower percentage of respondents (18%) scored below 44. A small sample of respondents scored well below the majority of each sample with three percent of respondents scoring below 34. This suggests a number of respondents scoring beyond the median score as indicated by the range being 45 and the standard deviation being 7.44 as can be seen in Table 4.

Table 4. Study One: Mean, Median, Mode, Range and Standard Deviation.

Study One	Scenario One
Mean	48.32
Median	49.00
Mode	52.00
Range	45.00
Standard Deviation	7.44

7.1.3 Qualitative Results

Question ten of the questionnaire provided an opportunity for respondents to comment on whether they would like their children to receive the EDP if they were parents (hypothetical or real). These responses provide information which contributes to the variety of responses recorded in the modified TEI section of the questionnaire. Results from this question include the following: 53 of the 68 total respondents (78%) indicated they would like the EDP to be implemented, three respondents indicated they were not sure and provided reasons for and against the implementation of the EDP and a further two respondents indicated they would not like the EDP to be implemented. The remaining ten

respondents did not indicate whether they would or would not like the implementation of the EDP. Each comment has been categorized according to the main themes referred to within the comment and recorded by references to each theme as opposed to individual responses. As each respondent often outlined several different themes, the references to themes were recorded due to the implications of the range of themes raised. However, comments indicating hesitance with regard to implementing an EDP as well as comments indicating dislike for the EDP were categorized according to the number of respondents, as opposed to just the themes. Demographic data was included for these respondents.

Reasons provided by the respondents in support of the implementation of the EDP are as follows.

The issue of *bullying* was mentioned in comments including:

- the reduction of school-bullying
- the provision of safety against bullying
- tolerance being taught to prevent bullying

One respondent mentioned their personal experience with their child being an ‘easy target for bullying’ due to a developmental disorder and felt that the EDP may have some effect on fellow class members to assist in empathy development and the acceptance of all.

Comments mentioned the EDP as being an *important part of school education* including:

- part of social development
- reinforcement of home-based empathy teaching
- the school’s responsibility to teach these skills

One comment mentioned that many families may not teach effective empathy skills at home so the inclusion of an EDP at school would be beneficial.

Many comments included references to *specific aspects of the EDP*. These comments were generally positive in favour of the EDP content. For instance, comments included:

- praise for real life examples
- relevant issues for discussions

- consequences of actions being explored
- empathy being learned amongst peer groups
- opportunities being provided for children to think about the perspectives of others

Further to these were comments specific to the *modeling of empathy* by the mother and infant pair included in the EDP. These comments focused on:

- positive role-modeling of healthy parent/child interactions
- beneficial effects of observing empathic situations and the transference of these observed interactions to interactions with others

Many comments referred to the notion that *any empathy taught or reinforced is beneficial* including:

- suggestions that empathy is lacking in society overall and any focus on this is positive for individuals, others and society as a whole (for example, one comment mentioned that the EDP helps to develop the whole child)
- the importance of developing problem-solving, perspective-taking and compassion all of which are necessary skills that would have no negative effects if learned in school
- empathy skills are in alignment with respondents own beliefs and would expect it to be included in school education
- important skills for interactions with family and friends, at school

A number of comments mentioned their support of the EDP due to reasons relating to *future adulthood*. Comments included that the implementation of the EDP would assist in children growing up to be:

- ‘much nicer’ adults
- adults who understand that they have a role to play in the treatment towards others and can speak up when they are aware of a wrongful situation towards another

Three female respondents provided mixed responses to this question which indicated they were unsure of the implementation of the EDP. Two of these respondents were over 46 years of age with the remaining respondent aged between 18 and 25 years. All three defined themselves as NZ European or Pakeha. Reasons provided in support of the EDP included:

- appreciation for the learning of empathy skills

Whereas reasons provided against the EDP included:

- unrealistic to teach children that they will care if they ‘make someone else feel bad’
- doubtful that the rate of bullying would be affected (one participant went on to comment that they believe empathy and bullying are entirely separate issues)

The two respondents who did not support the EDP being implemented were both female aged over 46 years and defined themselves as NZ European or Pakeha. These respondents commented as follows:

- One respondent thought the mother/infant pair used in the EDP was irrelevant and completely different to peer-group relationships
- The other respondent believed that the teaching of the EDP was not the responsibility of the school as the majority of children are taught these skills at home and therefore would not benefit from the programme.

7.2 Study Two

7.2.1 Demographic Variables

The impact of demographic variables on Treatment Evaluation Inventory (TEI), (Kazdin, 1980), scores was examined by separating all of the responses for each scenario by each demographic group. The responses within each demographic group were summed and the means and standard deviations were calculated. Means and standard deviations regarding the demographic variables of Study Two are shown in Table 5.

Table 5. Acceptability Scores: Means and Standard Deviations regarding Demographic Variables for Scenario Two and Scenario Three.

Study Two	Scenario 2 Mean	Scenario 2 Standard Deviation	Scenario 3 Mean	Scenario 3 Standard Deviation
Gender				
Female	51.35	6.73	45.52	9.76
Male	51.60	7.20	46.00	13.33
Age (years)				
18-25	0	0	0	0
26-35	56.75	6.65	55.00	6.68
36-45	51.88	5.95	45.33	10.68
46+	45.00	6.89	39.80	10.16
Ethnicity				
European/Pakeha	51.92	6.99	46.31	11.40
Other	49.57	5.94	43.29	8.08

As indicated in Table 5, the impact of the gender and ethnicity of respondents in Study Two was found to be negligible.

Some small differences were indicated between each age group of respondents measured. For instance as indicated further in Figure 2, the mean acceptability scores were consistently lower for older participants.

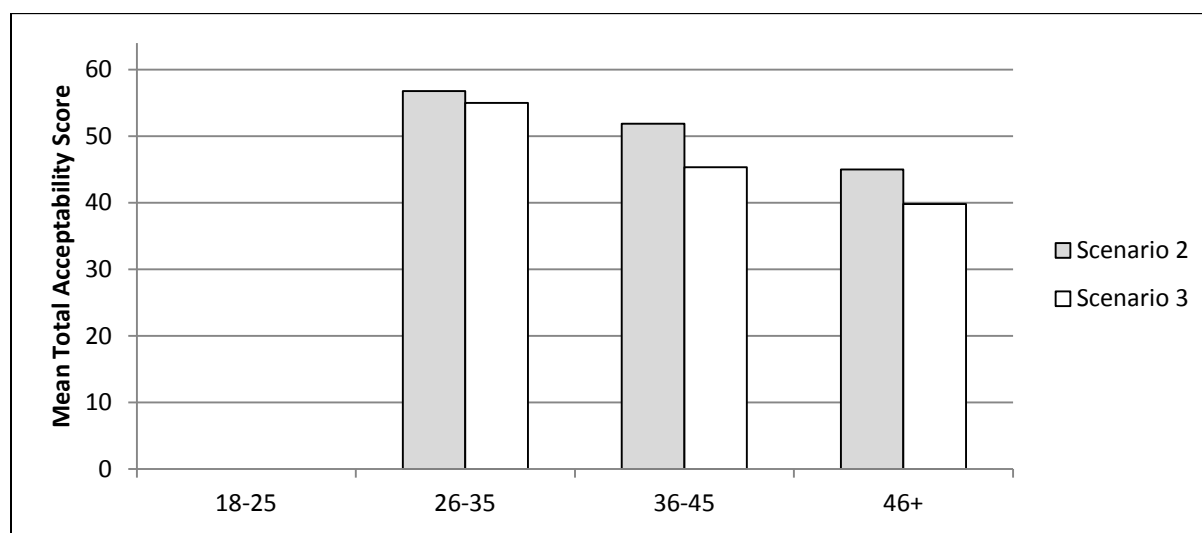


Figure 2. Mean Total Acceptability Scores for Study Two according to Age Groups of Respondents.

7.2.2 Overall Acceptability Ratings

The overall acceptability ratings are reported in Figure 3 which shows the differing frequency of total acceptability scores for scenario two and scenario three.

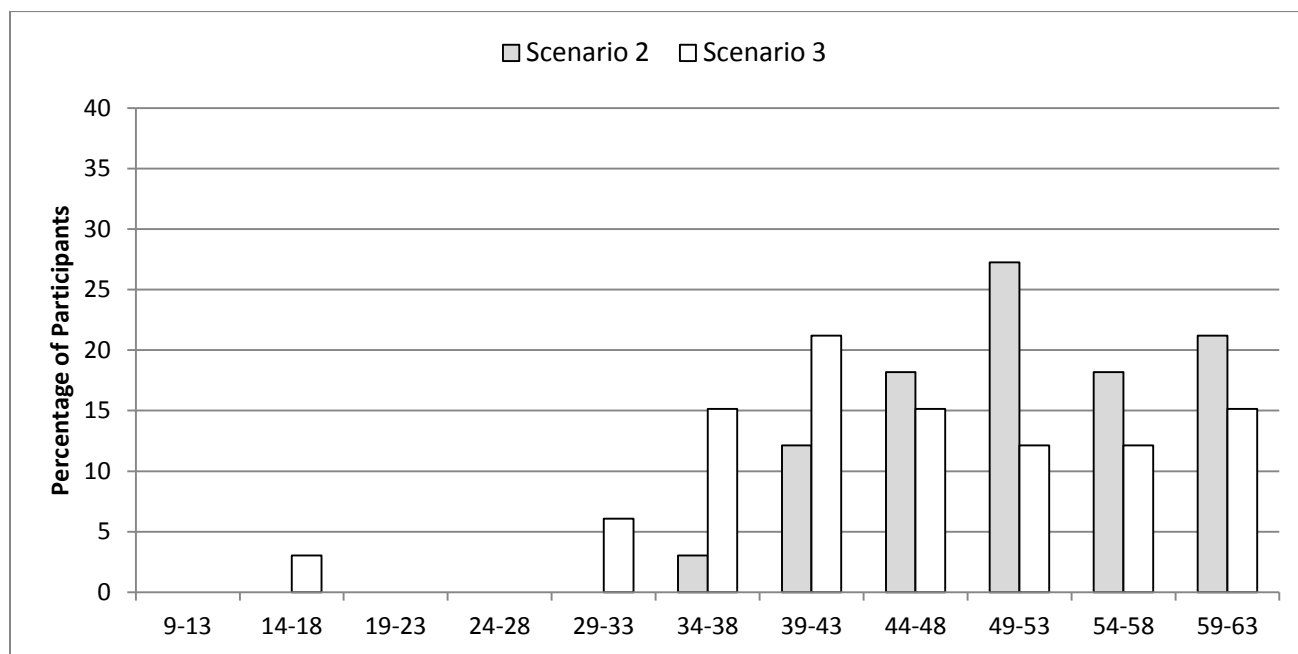


Figure 3. Frequency of Total Acceptability Scores for Scenario Two and Scenario Three.

Figure 3 shows that the pattern of results is somewhat different for scenario two and scenario three, such that overall, scenario three is less acceptable than scenario two, although both distributions are skewed towards relatively high acceptability ratings. This indicates that when older children were described as receiving EDP instruction, this scenario was viewed as less acceptable to parent respondents.

Study Two respondents reported high acceptability ratings with regard to scenario two and moderate to high acceptability ratings for scenario three. Scenario two rated highly with most respondents (85%) reporting acceptability scores of 44 or greater and only 15percent of respondents scoring below this. Scenario three had the greatest range of scores with just over half of respondents (55%) of respondents scoring 44 or greater and the remaining 45percent of respondents scoring below 44 overall. The highest score for both scenario two and scenario three was 62 whereas the lowest score for scenario

two was 38 and the lowest score for scenario three was just 15 (less than half that of the equivalent score in scenario two). This influenced the considerable range and standard deviation of scenario three. For instance, the range was significant in scenario three (49) as opposed to scenario two (24), indicating that a much wider variety of responses were reported in scenario three as can be seen in Table 6. This is also noted with regard to the considerably different standard deviations between scenario two and scenario three.

Table 6. Overall Acceptability Scores of Scenarios Two and Three.

Study Two	Scenario Two	Scenario Three
Mean	51.42	45.67
Median	51.00	46.00
Mode	51.00	42.00
Range	24.00	49.00
Standard Deviation	6.76	10.74

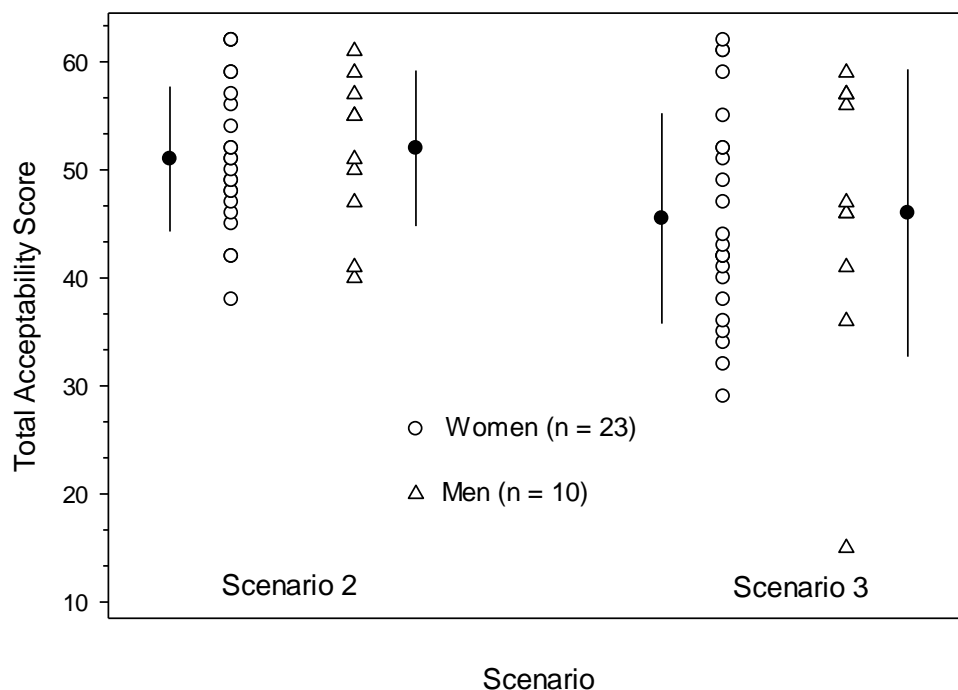


Figure 4. Individual Scores (open circles) and Means (closed circles), and Standard Deviations (bars) for Scenario Two and Scenario Three.

Figure 4 shows the individual scores separately for scenario two and scenario three, and separated by gender of respondent. It also shows the means and standard deviations for each scenario and gender. As shown in Figure 4, the means for scenario two and scenario three remain similar yet the range of responses is considerably greater for scenario three relative to scenario two, and this is consistent for both men and women. Changing the age of the child depicted as participating in the EDP has clearly influenced the EDP acceptability such that more respondents rated scenario three as less acceptable, and has done so to a similar degree for both men and women.

Since each participant rated both scenario two and scenario three, the acceptability ratings they gave can be directly compared in a scatterplot (Figure 5). If there was no systematic change in acceptability between scenario two and scenario three, data points would lie round the diagonal line. If there was a more or less constant effect on acceptability of the difference in scenario three relative to

scenario three, points would lie either above or below the diagonal line, but more or less parallel to it. As Figure 5 shows, however, respondents who reported relatively lower acceptability for scenario two tended to rate scenario three as even less acceptable, as shown by the slopes of the best fit lines through the data for men and women being steeper than the 45° diagonal.

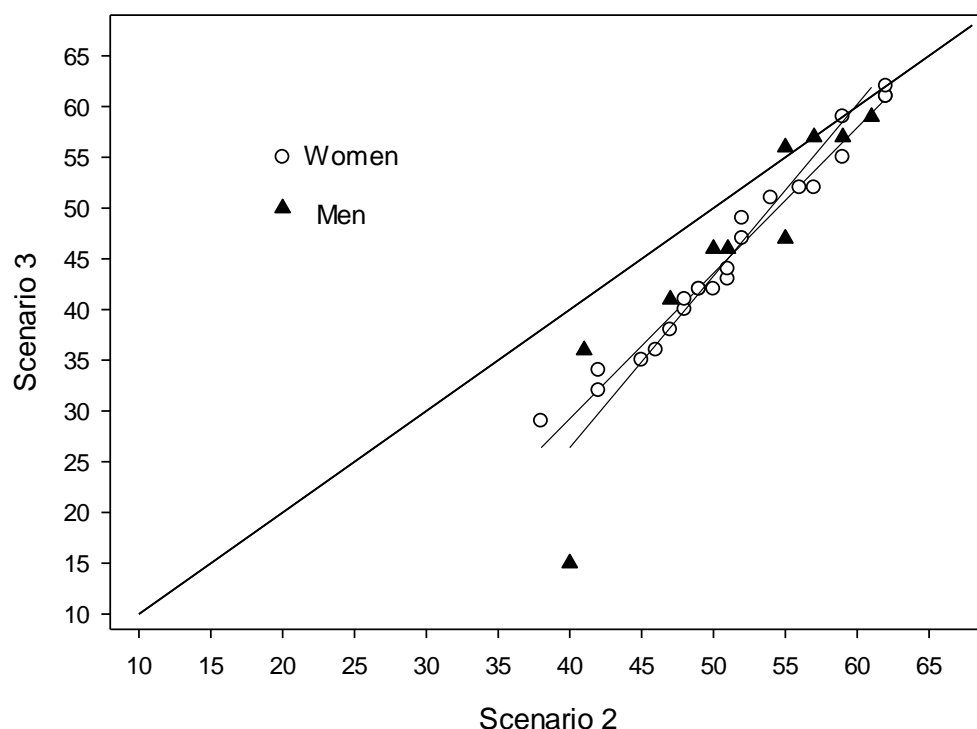


Figure 5. Scatterplot of Effect of Acceptability Ratings for Scenario Two and Scenario Three with best fit lines.

7.2.3 Qualitative Results

Question ten of the questionnaire provided an opportunity for respondents to comment on whether they would like their children to receive the EDP with regard to each scenario. These responses provide information which contributes to the variety of responses recorded in the modified TEI section of the questionnaire. Regarding scenario two, 32 respondents indicated they would like the EDP to be implemented with four of these respondents not providing any further comments. One respondent indicated they were not sure and provided reasons for and against the implementation of the EDP. Regarding scenario three, 22 respondents indicated they would like the EDP to be implemented with six

of these not providing comments for their response. Six respondents indicated they were not sure and provided reasons for and against the implementation of the EDP and a further five respondents indicated they would not like the EDP to be implemented. These results are in alignment with the modified TEI results indicating that scenario two was overall more acceptable to respondents than scenario three was. Comments provided by respondents provide insight into reasons for this difference. Each comment has been categorized according to the main themes referred to within the comment and recorded by references to each theme as opposed to individual responses. As each respondent often outlined several different themes, the references to themes were recorded due to the implications of the range of themes raised. However, comments indicating hesitance with regard to implementing an EDP as well as comments indicating dislike for the EDP were categorized according to the number of respondents as opposed to just the themes. Demographic data was included for these respondents.

Scenario two reasons provided in support of the EDP include the following. Comments referred specifically to *bullying* including:

- bullying prevention
- bullying reduction
- the provision of tools for bystanders to assist with bullying situations

For instance, one comment mentioned that the EDP assists with tackling bullying and helping children develop an awareness of how bullying affects others. Another comment mentioned that the EDP provides strategies on how to help children deal with bullying-type situations and also how to deal with incidents that may upset them. This comment concluded with a statement that the respondent strongly supports the implementation of an EDP.

Several comments referred to the notion that the implementation of an EDP is an *important part of school education* including:

- beliefs that empathy is not taught effectively by other means and could easily be incorporated into the primary school curriculum

- references to empathy as a life skill which ideally should be incorporated throughout the entire duration of school education particularly as many homes do not teach these skills
- the concept of the EDP being taught at school amongst peers as beneficial

The *specific content of the EDP* was referred to in comments supporting the EDP. These include the following:

- benefits of the discussion focus of the EDP amongst the peer group

Comments with specific reference to the *modeling of empathy* by the mother and infant pair within the EDP include:

- real life examples of healthy interactions
- children's identification with the mother and infant pair therefore potential increased likelihood to remember the content of the EDP
- likelihood that children will imitate the type of interactions observed

References to the notion that *any empathy taught or reinforced is beneficial* were included in comments:

- any focus on empathy for all children should be implemented in school

One comment mentioned the benefits of the EDP with regard to *future adulthood*. This included:

- skills the children learn now will continue throughout their lives and assist them with dealing with others and their differences

The single respondent, who provided mixed responses to this question indicating uncertainty of the implementation of the EDP, commented as follows:

- the EDP should be implemented much earlier in life than at age 8 years and the school should focus on academic matter rather than the EDP

This respondent was a male, aged between 36 and 45 years and defined himself as NZ European or Pakeha.

Scenario three reasons in support of the implementation of the EDP include the following.

Comments with references made to the issue of *bullying* include:

- bullying must be talked about openly for it to ‘stop’

Comments including reference to the EDP being included as an *important part of school education* were as follows:

- references to the nature of New Zealand society having a ‘crisis’ with regard to the treatment of others therefore empathy should be taught in school
- suggestions that many children are not taught empathy skills at home therefore school-based learning is the ideal alternative
- references to the older age of the children in scenario three as being beneficial due to the belief that this age group should be more aware of their feelings therefore the EDP should be of equal or greater benefit than compared to the younger age group of scenario two

The specific *content of the EDP* was commented on including:

- positive references to the discussion focus of the EDP
- hearing the experiences of other children may provide insight into how to deal with difficult situations
- encouragement to share personal experiences with others including parents

The *modeling of empathy* by the mother and infant pair was commented on as follows:

- beneficial due to the nature of observation and imitation

Several comments referred to the notion that *any empathy taught or reinforced is beneficial*. For instance:

- the EDP would be beneficial in developing empathy
- empathy is an important quality particularly for teenagers
- the EDP teaches life skills to benefit both the child and their community

Some comments were made that referred to benefits of the EDP in regard to *future adulthood*. These include:

- continual reinforcement of ‘people skills’ are important due to the long-term effects within society throughout adulthood

Of the six respondents who provided mixed responses to this question indicating their indecision to the implementation of the EDP, three included the following reasons:

- the age group of 12 to 13 years is ‘too old’
- dubious that any differences in empathy-related behaviour could occur at this age

These three respondents were all female, aged between 36 and 45 years and defined themselves as NZ European or Pakeha.

Two of the remaining three respondents in this category, included the following remarks in their comments:

- did not like the content of the EDP
- the use of the mother and infant model was too removed from the 12 and 13 year olds and this age group would not be able to relate

Both of these respondents were female who defined themselves as NZ European or Pakeha. One respondent was aged between 36 and 45 years while the other respondent was aged over 46 years.

The remaining respondent who provided mixed responses for the EDP commented:

- children who engage in the material of the EDP may be targeted by others or seen as ‘weak’ (participant’s belief)

This respondent was male, aged between 36 and 45 years and defined himself as Asian.

Four of the five respondents who did not support the implementation of the EDP indicated the following reasons in their comments:

- did not like the content of the EDP
- did not believe the EDP would elicit empathy or understanding

- the task included at the end of the EDP lesson seemed questionable to developing empathy
- too simplistic for the age group targeted and the content of the EDP needed to prepare the children for age-based situations such as gangs, drugs and cyber-bullying
- the discussion focus of the EDP seems inappropriate for this age group as the children are ‘too old to discuss their feelings’ as they ‘tend to get embarrassed and withdrawn’ due to the ‘fear of public humiliation’ (participant’s belief)

These four respondents were females aged between 36 and 45 years and defined themselves as NZ European or Pakeha.

The final respondent who did not support the implementation was a male aged between 36 and 45 years and defined himself as NZ European or Pakeha. This respondent commented as follows:

- school has no responsibility to teach the EDP to the older age group as it would make no difference with regard to developing empathy (participant’s belief)

7.3 Comparison between Study One and Study Two

All three scenarios resulted in moderate to high overall acceptability by respondents. The Means, Medians, Modes, Ranges and Standard Deviations can be found in Table 7 for comparison.

Table 7. Overall Acceptability Scores of Scenarios One, Two and Three.

	Scenario One	Scenario Two	Scenario Three
Mean	48.32	51.42	45.67
Median	49.00	51.00	46.00
Mode	52.00	51.00	42.00
Range	45.00	24.00	49.00
Standard Deviation	7.44	6.76	10.74

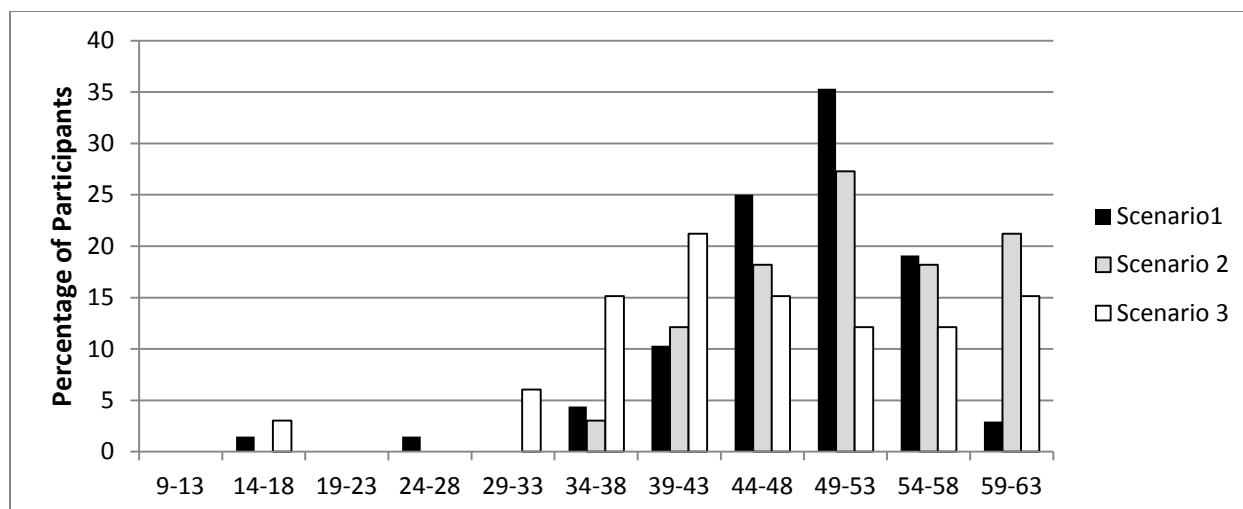


Figure 6. Frequency of Total Acceptability Scores for Scenarios One, Two and Three

As indicated in Figure 6, acceptability scores for Study One were much more normally distributed, with fewer high and low scores than in Study Two. Scenario two in Study Two was the same as scenario one (except for the specified age group in scenario two of eight to nine years), so differences in acceptability between scenario one and scenario two reflect differences between the respondents (teacher trainees vs. parents), while differences between scenarios two and three represent differences in the scenario in the age of the child depicted. The distribution of scores across scenarios one and two shown in Figure 6 are closely comparable across the range 34 to 58, but within that distribution, scenario one is shifted somewhat towards slightly lower acceptability ratings as can be seen when comparing the heights of the histograms for categories 44-48 and 49-53. Also conspicuous is the very much lower frequency with which teacher trainees gave maximum ratings to scenario one, relative to parents. This suggests that being a parent highly disposes some parents to find EDP training acceptable relative to the views of teacher trainees. The fact that parents also tended to rate scenario three more highly (but lower than scenario two) relative to teacher trainees, is consistent with the idea that there was a subset of parents very favourably disposed to EDP training. The data of the present study however, cannot exclude the possibility that the differences in distributions at the higher end shown in Figure 6 represent some effect

of context, where rating two different scenarios somehow influenced some parents to give very high ratings.

Although the scenario in Study One did not receive overall acceptability scores as high as both scenarios in Study Two did, less comments indicating no support for the EDP were indicated in Study One. For instance, just over 15 percent of comments in scenario three (within Study Two) indicated no support for the implementation of the EDP yet fewer than three percent of comments in Study One indicated no support for the implementation of the EDP. Comments suggesting support for the implementation of the EDP differed as well between Study One and Study Two. In Study Two, scenario two received 97 percent of comments in support of the implementation of the EDP and scenario three received 67 percent of comments in support of the EDP, whereas in Study One, scenario one received 55 percent of comments in support of the EDP.

The supporting comments for each scenario followed several themes including:

- issues related to bullying
- the importance of including the EDP in school education
- appreciation for specific content of the programme
- modeling of empathy
- any empathy taught or reinforced is beneficial
- skills for future adulthood

The comments indicating no support for the EDP differed between Study One and Study Two. For instance, disagreeing comments from scenario one (within Study One) included dislike for the specific content of the EDP and irrelevance to school education. However, disagreeing comments from scenario three (within Study Two) were more specific to the age group of children. For instance the specific content of the EDP was referred to several times as inappropriate for the older age group of children and suggestions were made that the EDP would have no effect for this age group. Furthermore, reference to the EDP being irrelevant in school education was also indicated.

Chapter 8: Discussion

This section is not a typical discussion section due to a lack of comparative literature that explores the social acceptability of implementing an EDP within New Zealand primary schools. Implications for the absence of evidence with comparative literature are the following. As indicated by the results of this particular study, appreciation for the implementation of an EDP seems apparent for both teacher trainees and parents. As some EDP's are currently implemented in several NZ primary schools, an obvious need for evidence to support these programmes and explore the acceptability for the public is necessary and overdue. The absence of this evidence suggests that the gauging of both teacher and parental acceptability ratings has not been considered as necessary. This oversight is contrary to what contributes to the effectiveness and sustainability of a programme (Wolf, 1978).

Findings from this study are consistent with findings from other studies mentioning acceptability when examining school programmes with the aim of reducing aggressive behaviour and/or increasing pro-social behaviour (Miramontes, Marchant, Heath & Fischer, 2011; Leff, Waasdorp, Paskewich, Gullan, Jawad, MacEvoy, Feinberg & Power, 2010; Diken, Cavkaytar, Batu, Bozkurt & Kurtyilmaz, 2010; Daunic, Smith, Brank & Penfield, 2006). The various samples used in these other studies report overall acceptability as is also reported in this particular study.

The key findings of both Study One and Study Two are that the notion of implementing an EDP into the curriculum of New Zealand primary schools is highly acceptable to both the students training to be teachers and the parents of primary school-aged children from two schools in moderate to high decile range in one New Zealand city. This conclusion is based on the quantitative data from the modified TEI and on qualitative data information from participant comments. The results of both Study One and Study Two suggest that the degree of acceptability is related to participant perceptions of the EDP as beneficial for primary school children. Furthermore, participants' favourable perceptions of the programme's goals, procedures and potential outcomes, expressed in their written comments on the questionnaire, suggest that this meets the social needs of the public. These are outlined as follows.

Bullying-related issues were referred to in participants' comments. The goal of reducing bullying was referred to as influential in positively rating the EDP. A relationship between low empathy and bullying has been acknowledged in research; therefore it is plausible that focusing on the development of empathy within a school programme may reduce school-based bullying (Stavrinides, Geourgiou & Theofanous, 2010). Respondents of both Study One and Study Two considered the EDP to be effective in potentially reducing long-term effects of bullying for both victims and perpetrators.

The inclusion of an EDP in school education to incorporate the goal of social development was mentioned in participants' comments. Within research, the real-life setting and widespread accessibility of school-based social and emotional learning is well-supported (Kidron & Fleischman, 2006; Hymel, Schonert-Reichl & Miller, 2006). The benefits of this are extensive throughout the child's development and adulthood (Durlak, Weissberg, Schellinger, Dymnicki & Taylor, 2011). Evidence suggests that children who experience social difficulties within primary school are at considerable risk for serious problems arising during high school years which may consequently develop into issues throughout adulthood (Hymel et al., 2006). This illustrates the importance of including social education alongside academic education throughout primary school, which was supported through participant perceptions in Study One and Study Two.

Study One and Study Two participants' comments expressed appreciation for specific content and procedures of the EDP including the mother and infant model. The content referred to favourably, included discussions regarding the recognition of emotions and problem-solving techniques as well as the modeling of empathy and participant observations of the real-life example. These aspects of the EDP include didactic, experiential, role-playing and modeling methods of delivery which are all acknowledged as beneficial in the teaching of an EDP (Sahin, 2012). The discussions and techniques used in the EDP may provide opportunities for participants to exercise social and emotional skills which require reinforcement and practice. Due to the current busy lifestyles and increased engagement with social technology many families may provide limited practice opportunities for children as in previous generations therefore, school-based practice opportunities seem ideal to exercise social and emotional

skills (Gordon & Letchford, 2009; Gordon & Green, 2008). The modeling component of the EDP may provide the participants with opportunities to observe and think about healthy interactions and then apply these skills when interacting with others. Modeling social skills within a school-based programme is considered to be highly effective when encouraging pro-social behaviour as children may transfer observed behaviours to their own social interactions (Kidron & Flesichman, 2006; Hutman & Dapretto, 2009).

The notion that any empathy reinforcement included in school education is beneficial, was referred to favourably by participants of both studies. This notion suggests a perception of importance for this to be included within the school setting. As school is a social environment, it seems imperative for social development to be included in education particularly as interactions with peers become increasingly important throughout child development (Kidron & Flesichman, 2006). Most respondents supported the notion of including an EDP in the current education system as a means to develop every child's social skills and to reinforce home-based empathy development.

A potential outcome of the programme is the perceived benefits for future adulthood as mentioned in Study One and Study Two participants' comments. This is. Research suggests that poor life outcomes are influenced by an inability to establish social relationships due to the failure to recognize, acknowledge and respond to the emotions of others appropriately (Whitt & Howard, 2013). The implementation of an EDP may reduce these poor life outcomes. Furthermore, the associations of empathy deficits with various disorders, bullying and future family violence have been suggested in a large amount of research (Roth-Hanania, Davidov & Zahn-Waxler, 2011; Reniers, Corcoran, Drake, Shryane & Vollm, 2011; Ali, Amorim, & Chamorro-Premuzic, 2009; Maynard, Monk & Wilson Booker, 2011; Whitt & Howard, 2013; Sahin, 2012; Goldstein & Winner, 2012; Hutman & Dapretto, 2009; Sahin, 2012; Corvo & DeLara, 2010; Sourander, Jensen, Rönning, Niemelä, Helenius, Sillanmäki, Kumpulainen, Piha, Tamminen, Moilanen & Almqvist, 2007; Baldry, 2003; Holt, Kaufman Kantor & Finkelhor, 2009; Smokowski & Holland Kopasz, 2005; Lobbestael & Arntz, 2010; Afifi, Mather, Boman, Fleisher, Enns, MacMillan & Sareen, 2011; Rodriguez, Cook & Jedrzejewski, 2012; Rodriguez, 2012). It appears that the participants of

Study One and Study Two value the potential benefits of teaching empathy development to reduce future life problems.

Further findings are that with regard to Study Two, the degree of acceptability might be influenced by the age of the child who receives EDP instruction. The EDP was perceived by participants as overall less acceptable for the older aged children in scenario three than the younger aged children in scenario two. Comments indicating disagreement to implement an EDP for the older children mentioned beliefs that the EDP would have no effect for this age group. These perceptions are in agreement with some research suggesting little or no beneficial effects for this age group (Pepler, Craig, Jiang & Connolly, 2008; Munoz, Qualter & Padgett, 2011). However, other research indicates that programmes focused on empathy enhancement and pro-social behaviour or anti-bullying implemented within this age group tend to have beneficial results with increased academic performance, perspective-taking, pro-social behaviour as well as decreased school problems and aggressive behaviour (Brackett, Rivers, Reyes & Salovey, 2010; Schonert-Reichl, Smith, Zaidman-Zait & Hertzman, 2012). Furthermore, as this older age group is within the period of high-bullying (ten – 15 years of age), an EDP seems important to be implemented prior to and throughout this age bracket to optimize effects in reducing bullying.

Implications of these Study Two findings indicate that the public may require clarification of the greater benefits of the EDP for the older age-group of children.

Assessing social acceptability is valuable due to the identification of obstacles which can then be modified to enable greater support for the programme prior to implementation as indicated by Wolf (1978). Overall obstacles identified in both Study One and Study Two include the following. Dislike for the specific content of the EDP was mentioned; particularly with regard to the older age of the children in scenario three (Study Two). Study Two participants' comments included suggestions that engagement with the EDP material and tasks may be inappropriate for the older aged children. However, research indicates that engagement with the material is necessary to optimize the benefits of a programme (Elbertson, Brackett & Weissberg, 2010). Suggestions were made that the children receiving the EDP instruction would find it difficult to relate to the mother and infant pair and not transfer observed social

skills to peers. This suggestion is contrary to research indicating that the modeling of effective social skills is considered to be one of the most valuable ways to encourage pro-social behaviour (Kidron & Fleischman, 2006). Mentioned in participants' comments for both studies was the belief that the EDP seemed irrelevant to be included in school education. This notion is in direct contradiction to a wide body of research that stipulates social education to be of equal importance as academic education within the school curriculum (Hymel, Schonert-Reichl & Miller, 2006). The benefits children experience from the inclusion of social education in the curriculum are extensive and include, increased academic outcomes, resilience against antisocial behaviours, increased self-esteem, more effective interpersonal skills, and benefits for future adulthood (Elbertson, Brackett & Weissberg, 2010; Elias & Weissberg, 2000). Some references were made by participants in Study Two that their own children already behaved in an empathic and pro-social manner. This perception neglects the fact that other children may behave in an antisocial manner. Even those who interact with others in a pro-social manner may require assistance with problem-solving skills and effective coping strategies if they are targeted by others who bully them. This indicates the importance of gaining social acceptability data regarding the implementation of an EDP so as to identify areas of the programme which require explanation to enable public awareness of the goals, procedures and outcomes of the programme. Public awareness of the benefits of an EDP seems appropriate before EDP's are implemented within schools, which is a valuable outcome of measuring the social acceptability of a programme.

8.1 Limitations

The study aimed to capture the views of a range of participants of different social and ethnic status in order to establish if any differences were observed between these groups, however this was not achieved due to the predominantly NZ European/Pakeha convenience samples recruited for both Study One and Study Two. Furthermore, both of the schools used in the study were of moderate to high decile range therefore, the parent participants may not reflect a diverse range of socio-economic communities.

Regarding the other demographic factors recorded, the gender of participants was overrepresented by females (females = 85%). Study Two also included females as a much larger proportion of participants than males (females = 70%). Reasons for this overrepresentation of females cannot be ascertained as this was not explored. However, research suggests that females demonstrate greater empathy than males (Reniers, Corcoran, Drake, Shryane & Vollm, 2011). This suggestion may contribute to more females being willing to participate in both studies due to a greater interest or value of the study contents. Study One included more variety with regard to the age ranges of participants yet Study Two included most participants being aged between 36 and 45 years (73%). The reason for this is probably due to Study Two participants all having at least one child currently attending primary school therefore the age range of 36 to 45 years would be most in alignment with the age range of the child attending primary school.

Another limitation of this study was that within Study Two, the first school used to recruit the majority (27) of the parent participants has an EDP currently implemented in one Year 4 class. Some of the participants who have children attending this school may have children involved in the current EDP. This factor may influence a slight bias towards rating the scenarios as highly acceptable due to the perceptions of parent participants from this school appreciating this type of programme. However, the results from the other school reflect high acceptability ratings also, despite being a much smaller sample of participants (6). Overall the total sample size of participants within both studies was small although this was not a major limitation due to the potential for the distribution of results to be similar if applied to a larger sample.

8.2 Future Research

The exploration of socio-ethnic differences with regard to perceptions of respondents could be more effectively scrutinized in future research through specifically targeted samples of participants as opposed to convenience samples as used in this study. Sampling a wider representative range of parents across gender, ethnic and socio-economic groups would be beneficial. Future research would also benefit

by measuring social acceptability throughout several schools with and without a focus on social and emotional learning within its curriculum, to determine if any differences are observed. Targeting schools with lower decile ratings would also be beneficial.

Implications for the findings of this study for teachers and the school curriculum are as follows. Firstly, due to the high acceptability overall for the implementation of an EDP, the question of how this could be incorporated into the school curriculum is pertinent. Within this question are several aspects to consider. Teachers would require some form of ongoing professional development to gain the necessary skills to teach or support and reinforce an EDP. The notion of incorporating trained specialists with the necessary set of skills to implement the programme at a series of schools may be beneficial and classroom teachers would therefore be in charge of the EDP's support and reinforcement when the specialist was not present. The school curriculum would require adjustments to incorporate the EDP focus. Appropriate year levels would need to be identified to ascertain the most potentially beneficial for implementation; if implementation would be throughout the entire school curriculum or at specific year levels. These aspects need to be addressed and explored within further research.

Secondly, assumptions about the positive benefits of empathy development are central to the implications of this study for teachers, students, families and the community. Benefits for teachers may include overall improved student performance (academically and socially) throughout schooling which is of considerable value as there could be fewer distractions and problematic behaviours in class time resulting in more efficient teaching. Benefits for students are extensive and may include potentially improved academic achievement, greater self-esteem, positive peer relationships and consequently fewer difficulties throughout adulthood. Benefits for families may include more positive interactions between family members and fewer difficulties; and community benefits may include fewer consequences of antisocial behaviour and more pro-social behaviour throughout the community long term. However, despite the potential benefits of implementing an EDP, indicated by the absence of comparative literature for determining social acceptability, further research gauging acceptability needs to be instigated before the question of overall implementation in New Zealand primary schools occurs.

8.3 Concluding Remarks

This thesis not only indicates the potential benefits for implementing an EDP within New Zealand primary schools, but also indicates that a sample of the public finds it highly acceptable to implement such a programme. Perhaps if EDP's were implemented as part of the New Zealand primary school curriculum, some beneficial effects may be reported within New Zealand as opposed to the rates of bullying, child abuse and family violence currently reported. It is with hope that this thesis initiates further research in this field.

References

- Addy, K., Shannon, K., & Brookfield, K. (2007). Theory of mind function, motor empathy, emotional empathy and schizophrenia: A single case study. *Journal of Forensic Psychiatry & Psychology*, 18(3), 293-306.
- Afifi, T., Mather, A., Boman, J., Fleisher, W., Enns, M., MacMillan, H., & Sareen, J. (2011). Childhood adversity and personality disorders: Results from a nationally representative population-based study. *Journal of Psychiatric Research*, 45(6), 814-822.
- Ali, F., Sousa Amorim, I., & Chamorro-Premuzic, T. (2009). Empathy deficits and trait emotional intelligence in psychopathy and machiavellianism. *Personality and Individual Differences*, 47(7), 758-762.
- American Psychological Association [APA], (1994). *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV* (4th ed.). Washington: American Psychiatric Association.
- Baldry, A. (2003). Bullying in schools and exposure to domestic violence. *Child Abuse and Neglect*, 27(7), 713-732.
- Bender, D., & Losell, F. (2011). Bullying at school as a predictor of delinquency, violence and other anti social behaviour in adulthood. *Criminal Behaviour and Mental Health*, 21(2), 99-106.
- Brackett, M., Rivers, S., Reyes, M., & Salovey, P. (2012). Enhancing academic performance and social and emotional competence with the RULER feeling words curriculum. *Learning and Individual Differences*, 22(2), 218-224.
- Broidy, L., Tremblay, R., Brame, B., Fergusson, D., Horwood, J., Laird, R., Moffitt, T., Nagin, D., Bates, J., Dodge, K., Loeber, R., Lynam, D., Pettit, G., & Vitaro, F. (2003). Developmental trajectories of childhood disruptive behaviours and adolescent delinquency: A six-site, cross-national Study. *Developmental Psychology*, 39(2), 222-245.

- Brook, M., & Kosson, D. (2012). Impaired cognitive empathy in criminal psychopathy: Evidence from a laboratory measure of empathic accuracy. *Journal of Abnormal Psychology, 122*(1), 156-166.
- Carr, J., Austin, J., Britton, L., Kellum, K., & Bailey, J. (1999). An assessment of social validity trends in applied behaviour analysis. *Journal of Behavioural Interventions, 14*, 223-231.
- Cohen, D., & Strayer, J. (1996). Empathy in conduct-disordered and comparison youth. *Developmental Psychology, 32*(6), 988-998.
- Cordier, R., Bundy, A., Hocking, C., & Einfeld, S. (2010). Empathy in the play of children with attention deficit hyperactivity disorder. *OTJR: Occupation, Participation and Health, 30*(3), 122-132.
- Corvo, K., & DeLara, E. (2010). Towards an integrated theory of relational violence: Is bullying a risk factor for domestic violence? *Aggression and Violent Behaviour, 15*(3), 181-190.
- Curtis, C., & Norgate, R. (2007). An evaluation of the promoting alternative thinking strategies curriculum at key stage 1. *Educational Psychology in Practice, 23*(1), 33-44.
- Daunic, A., Smith, S., Brank, E., & Penfield, R. (2006). Classroom-based cognitive-behavioural intervention to prevent aggression: Efficacy and social validity. *Journal of School Psychology, 44*(2), 123-139.
- Decety, J., & Michalska, K. (2010). Neurodevelopmental changes in the circuits underlying empathy and sympathy from childhood to adulthood. *Developmental Science, 13*(6), 886-899.
- Diken, I., Cavkaytar, A., Batu, E.S., Bozkurt, F., & Kurtyilmaz, Y. (2010). First Step to Success – a school/home intervention program for preventing problem behaviors in young children: Examining the effectiveness and social validity in Turkey. *Emotional and Behavioral Difficulties, 15*(3), 207-221.

- Durlak, J., Weissberg, R., Schellinger, K., Dymnicki, A., & Taylor, R. (2011). The impact of enhancing students social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405-432.
- Ebensen, F., & Carson, D. (2009). Consequences of being bullied: Results from a longitudinal assessment of bullying victimization in a multisite sample of American students. *Youth and Society*, 41(2), 209-233.
- Eisenberg, N. (2010). Empathy-related responding: Links with self-regulation, moral judgment and moral behavior. In M. Mikulincer & P. Shaver (Eds.), *Pro-social Motives, Emotions and Behavior: The better angels of our nature*. (pp. 129-148). Washington, DC: American Psychological Association, 2010, xiv.
- Elbertson, N., Brackett, M., & Weissberg, R. (2010). School-based social and emotional learning (SEL) programming: Current perspectives. *Second International Handbook of Educational Change: Springer International Handbooks of Education*, 23, 1017-1032.
- Elias, M., & Weissberg, R. (2000). Primary prevention: Educational approaches to enhance social and emotional learning. *Journal of School Health*, 70(5), 186-190.
- Farrant, B., Devine, T., Maybery, M., & Fletcher, J. (2012). Empathy, perspective-taking and pro-social behavior: The importance of parenting practices. *Infant and Child Development*, 21, 175-188.
- Garton, A., & Gringhart, E. (2005). The development of a scale to measure empathy in 8-and 9-year old children. *Australian Journal of Education and Developmental Psychology*, 5, 17-25.
- Geangu, E. (2009). Empathy development – insights from early years. Introduction to the special issue. *Cognition, Brain, Behavior. An Interdisciplinary Journal*, 13(4), 363-366.
- Goldstein, T., & Winner, E. (2012). Enhancing empathy and theory of mind. *Journal of Cognition and Development*, 13(1), 19-37.
- Gordon, M. (2001). Roots of empathy. *Canadian Children*, 26(2), 4-7.

- Gordon, M., & Green, J. (2008). 34 Roots of empathy: Changing the world, child by child. *Education Canada*, 48(2), 34-36.
- Gordon, M., & Letchford, D. (2009). Program integrity, controlled growth spell success for Roots of Empathy. *Education Canada*, 49(5), 52-54.
- Gresham, F. (1983). Social validity in the assessment of children's social skills: Establishing standards for social competency. *Journal of Psychoeducational Assessment*, 1, 299-307.
- Holt, M., Kaufman Kantor, G., & Finkelhor, D. (2009). Parent/child concordance about bullying involvement and family characteristics related to bullying and peer victimization. *Journal of School Violence*, 8(1), 42-63.
- Hurley, J. (2012). Social validity assessment in social competence interventions for preschool children: A review. *Topics in Early Childhood Special Education*, 32(3), 164-174.
- Hutman, T., & Dapretto, M. (2009). The emergence of empathy during infancy. *Cognition, Brain, Behavior. An Interdisciplinary Journal*, 13(4), 367-390.
- Hymel, S., Schonert-Reichl, K., & Miller, L. (2006). Reading, 'riting, 'rithmetic and relationships: Considering the social side of education. *Exceptionality Education Canada*, 16(3), 149-192.
- Jones, A., Happe, F., Gilbert, F., Burnett, S., & Viding, E. (2010). Feeling, caring, knowing: Different types of empathy deficit in boys with psychopathic tendencies and autism spectrum disorder. *Journal of Child Psychology and Psychiatry*, 51(11), 1188-1197.
- Kaufman, J., & Landrum, T. (2009). *Characteristics of Emotional and Behavioral Disorders of Children and Youth*. Upper Saddle River, NJ: Merrill/Pearson.
- Kazdin, A.E. (1980). Acceptability of alternative treatments for deviant child behavior. *Journal of Applied Behavior Analysis*, 135 (2), 259-273.
- Kidron, Y., & Fleischman, S. (2006). Promoting adolescent's pro-social behavior. *Educational Leadership*, 63(7), 90-91.

- Kimonis, E., Branch, J., Hagman, B., Graham, N., & Miller, C. (2012). The psychometric properties of the inventory of callous–unemotional traits in an undergraduate sample. *Psychological Assessment, 25*(1), 84-93.
- Leff, S., Waasdorp, T. E., Paskewich, B., Gullan, R. L., Jawad, A., MacEvoy, J. P., Feinberg, B., & Power, T. (2010). The preventing relational aggression in schools everyday program: A preliminary evaluation of acceptability and impact. *School Psychology Review, 39*(4), 569-587.
- Lereya, S., Samara, M., & Wolke, D. (2013). Parenting behavior and the risk of becoming a victim and a bully/victim: A meta-analysis study. *Child Abuse and Neglect, 37*(12), 1091-1108.
- Lobbestael, J., & Arntz, A. (2010). Emotional, cognitive and physiological correlates of abuse-related stress in borderline and antisocial personality disorder. *Behavior Research and Therapy, 48*(20), 116-124.
- Lopes, P., Mestre, J., Guil, R., Pickard Kremenitzer, J., & Salovey, P. (2012). The role of knowledge and skills for managing emotions in adaptation to school: Social behavior and misconduct in the classroom. *American Educational Research Journal, 49*(4), 710-742.
- Maynard, A., Monk, J., & Wilson Booker, K. (2011). Building empathy through identification and expression of emotions: A review of interactive tools for children with social deficits. *Journal of Creativity in Mental Health, 6*(2), 166-175.
- Miramontes, N., Marchant, M., Allen Heath, M., & Fischer, L. (2011). Social validity of a positive behavior interventions and support model. *Education and Treatment of Children, 34*(4), 445-468.
- Moreno, A., Klute, M., & Robinson, J. (2008). Relational and individual resources as predictors of empathy in early childhood. *Social Development, 17*(3), 613-637.
- Munoz, L., Quarter, P., & Padgett, G. (2011). Empathy and bullying: Exploring the influence of callous unemotional traits. *Child Psychiatry Human Development, 42*(2), 183-196.
- National Institute of Justice (1999, July). Findings about partner violence from the Dunedin Multidisciplinary Health and Development Study. Research in brief. Retrieved from <http://www.ncjrs.gov/pdffiles1/170018.pdf>

New Zealand Ministry of Education. (2007). The New Zealand curriculum. Retrieved from <http://nzcurriculum.tki.org.nz/Curriculum-documents/The-New-Zealand-Curriculum/Vision>

New Zealand Ministry of Education. (2013). School decile ratings. Retrieved from <http://www.minedu.govt.nz/NZEducation/EducationPolicies/Schools/SchoolOperations/Resourcing/ResourcingHandbook/Chapter1/DecileRatings.aspx>

New Zealand Ministry of Social Development. (2013). Retrieved from <http://statistical-report-2010.msds.govt.nz/the+statistical+report+2010>

Panfile, T., & Laible, D. (2012). Attachment security and child's empathy: The mediating role of emotion regulation. *Merrill-Palmer Quarterly*, 58(1), 1-21.

Papalia, D., Wendkos Olds, S., & Duskin Feldman, R. (2002). *A Child's World. Infancy through Adolescence (9th ed.)*, New York, NY: McGraw-Hill.

Pepler, D., Craig, W., Jiang, D., & Connolly, J. (2008). Developmental trajectories of bullying and associated factors. *Child Development*, 79(2), 325-338.

Raskauskas, J., Gregory, J., Harvey, S., Rifshana, F., & Evans, I. (2010). Bullying among primary school children in New Zealand: Relationships with pro-social behaviour and classroom climate. *Educational Research*, 52(1), 1-13.

Reniers, R., Corcoran, R., Drake, R., Shryane, N., & Völlm, B. (2011). The QCAE: A questionnaire of cognitive and affective empathy. *Journal of Personality Assessment*, 39(1), 84-95.

Rifkin, J. (2010). Biosphere education. *Green Teacher*, 90, 19-21.

Rodriguez, C. (2013). Analog of parental empathy: Association with physical child abuse risk and punishment intentions. *Child Abuse and Neglect*, 37(8), 493-499.

Rodriguez, C., Cook, A., & Jedrzejewski, C. (2012). Reading between the lines: Implicit assessment of the association of parental attributions and empathy with abuse risk. *Child Abuse and Neglect*, 36(78), 564-571.

Roots of Empathy. (2014). Retrieved from <http://www.rootsofempathy.org/>

Roth-Hanania, R., Davidov, M., & Zahn-Waxler, C. (2011). Empathy development from 8-16 months: Early signs of concerns for others. *Infant Behavior and Development*, 34, 447-458.

Sahin, M. (2012). An investigation into the efficiency of empathy training program on preventing bullying in primary schools. *Children and Youth services Review*, 34, 1325-1330.

Salmon, S. (2003). Teaching empathy: The PEACE curriculum. *Reclaiming Children and Youth*, 12(3), 167-173.

Schonert-Reichl, K., Smith, V., Zaidman-Zait, A., & Hertzman, C. (2012). Promoting children's pro social behaviors in school: impact of the "roots of empathy" program on the social and emotional competence of school-aged children. *School Mental Health*, 4, 1-21.

Schwenck, C., Mergenthaler, J., Keller, K., Zech, J., Salehi, S., Taurines, R., Romanos, M., Schecklmann, M., Schneider, W., Warnke, A., & Freitag, C. (2012). Empathy in children with autism and conduct disorder: Group-specific profiles and developmental aspects. *Journal of Child Psychology and Psychiatry*, 53(6), 651-659.

Seaman, M. (2012). Beyond anti-bullying programs. New Jersey education association review. *Education Digest*, 85, 22-24.

Shamay-Tsoory, S., Shur, S., Harari, H., & Levkovitz, Y. (2007). Neurocognitive basis of impaired empathy in schizophrenia. *Neuropsychology*, 21(4), 431-438.

Smith, A. (2006). Cognitive empathy and emotional empathy in human behavior and evolution. *The Psychological Record*, 56, 3-21.

Smokowski, P., & Holland Kopasz, K. (2005). Bullying in school: An overview of types, Effects, family characteristics, and intervention strategies. *Children and Schools*, 27(2), 101-110.

- Soderstrom, H. (2003). Psychopathy as a disorder of empathy. *European Child and Adolescent Psychiatry*, 12(5), 249-252.
- Sourander, A., Jensen, P., Ronning, J., Niemela, S., Helenius, H., Sillanmaki, L., Kumpulainen, K., Piha, J., Tamminen, T., Moilanen, I., & Almqvist, F. (2007). What is the early adulthood outcome of boys who bully or are bullied in childhood? The Finnish "from a boy to a man" study. *Pediatrics*, 120(2), 397-404.
- Stanbury, S., Bruce, M. A., Jain, S., & Stellern, J. (2009). The effects of an empathy-building programme on bullying behavior. *Journal of School Counseling*, 7(2), 1-27.
- Stavrinides, P., Georgiou, S., & Theofanous, V. (2010). Bullying and empathy: A short-term longitudinal investigation. *Educational Psychology: An International Journal of Experimental Educational Psychology*, 30(7), 793-802.
- Upright, R. (2002). To tell a tale: The use of moral dilemmas to increase empathy in the elementary school child. *Early Childhood Education Journal*, 30(1), 15-20.
- Warden, D., & MacKinnon, S. (2003). Pro-social children, bullies and victims: An investigation of their sociometric status, empathy and social problem-solving strategies. *British Journal of Developmental Psychology*, 21, 367-385.
- Weir, E. (2005). Preventing violence in youth. *Canadian Medical Association Journal*, 172(10), 1291-1292.
- Whitt, A., & Howard, M. (2013). Assessing empathy in antisocial youth: Factor analytic and validation findings. *Psychological Reports: Disability and Trauma*, 112(1), 325-339.
- Wiehe, V. (2003). Empathy and narcissism in a sample of child abuse perpetrators and a comparison sample of foster parents. *Child Abuse and Neglect*, 27(5), 541-555.
- Wolf, M. (1978). Social Validity: The case for subjective measurement or how applied behavior analysis is finding its heart. *Journal of Applied Behavior Analysis*, 11(2), 203-214.

Appendices

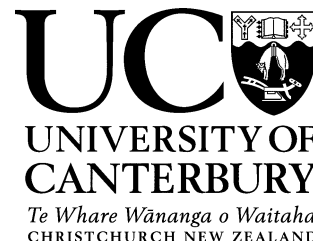
Appendix A: Information Sheet and Consent Form

Sarah Healey-Hughes

Telephone: 027 856 4089

Email: sarah.healey-hughes@pg.canterbury.ac.nz

13 June 2013



Social Acceptability of Teaching an Empathy Development Programme (EDP) in New Zealand Primary Schools.

You are invited to participate in the research project *Exploring the Social Acceptability of Teaching an Empathy Development Programme (EDP) in New Zealand Primary Schools*.

The aim of this project is to determine if current university students preparing for a teaching career, and parents of children currently attending a Christchurch primary school believe it is acceptable to teach an EDP within primary schools. For the purposes of this study, empathy is identified as the ability to consider different perspectives with an awareness and sensitivity towards others. An EDP teaches various features associated with developing this.

If you agree to participate you will be asked to read a scenario describing a class lesson outlining specific features as an example of the EDP. After reading each scenario, there is a questionnaire to fill in. The whole task should not take more than 15 minutes. You will also be asked to supply a small number of personal details about yourself. The information you supply is **anonymous**, and none of the information you give can be used to identify you. Where applicable, the name of the school you associate with will not be used. If you agree to participate please complete the questionnaire. You can withdraw from participation by not completing or handing back the questionnaire, but once the questionnaire has been received and merged with other questionnaires, the data it contains cannot be withdrawn. To ensure anonymity and confidentiality all data will be securely stored. Data gathered for this study will be collated and analysed to determine if the teaching of an EDP in primary schools is considered socially acceptable overall by respondents. Results will also be analysed to determine if there are any relationships between ethnicity, gender or age and the degree of acceptability of the EDP. A summary of results will be made available to participants. The results of the project may be published; however all participant responses are kept confidential and anonymous. At the conclusion of the study, all questionnaires will be destroyed.

I am doing this project as a requirement for the degree of Masters of Arts, under the supervision of Dr Veronica O'Toole who can be contacted at (03) 345 8138 or veronica.otoole@canterbury.ac.nz, and Associate Professor Neville Blampied, who can be contacted at (03) 3642199 or neville.blampied@canterbury.ac.nz. Please contact myself or them if you have any concerns about your participation in this project.

The project has been reviewed and approved by the University of Canterbury, School of Educational Studies and Leadership. Complaints may be addressed to:
The Chair, Educational Research Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch, Email: human-ethics@canterbury.ac.nz

Sarah Healey-Hughes

If you consent to participate in this project, please begin the questionnaire below:

**Social Acceptability of Teaching an Empathy Development Programme (EDP) in
New Zealand Primary Schools.**

☐ **Completion of this questionnaire confirms that I have read and understood the description of the above-named project.**

Please tick the above box on the basis that you agree to voluntarily participate through completion of this anonymous questionnaire and you agree to possible publication of the results with your anonymity preserved.

Appendix B: Study One and Study Two participants' Information

Please tick [☐] the correct box with information about yourself:

Gender: Female [☐] Male [☐]

Age range (years):

18 – 25 [☐] 26 – 35 [☐] 36 – 45 [☐] 46 – 55 [☐] 56 – 65 [☐] 66+ [☐]

Ethnicity/Culture you MOST identify with:

European/Pakeha [☐]

Māori [☐]

Pasifika [☐]

Asian [☐]

Other [☐]

Parenting experience:

Never parented (tick means yes) [☐] or

What are the ages (in years) of your children:

Child #1 _____ Child #2 _____ Child #3 _____ Child #4 _____ Child #5 _____ Child #6 _____

M / F

M / F

M / F

M / F

M / F

M / F

Please indicate your children's gender by circling either **M** for male or **F** for female underneath each age.

Appendix C: Study One (students) - Scenario One

Please read the scenario below, and then complete the questionnaire that follows it.

Scenario One

Setting: A co-educational, primary school classroom in Christchurch, New Zealand. The 25 children in the class include 13 European/Pakeha children, 3 Asian children, 6 Maori children and 3 Pasifika children. Also included are the classroom teacher, and a mother from the community with her 6 month old infant.

Lesson: The lesson begins with the teacher instructing the children to welcome the visitors to their class. The teacher facilitates an open discussion about *feelings*. The teacher asks that the children take turns to suggest some feelings they are aware of and to explain how they might show what they are feeling. When several different feelings have been suggested by the class such as *happy, sad, angry* and *scared*, the teacher asks the students to describe ways they might be able to tell how other people might be feeling. Students suggest several observable reactions such as *laughing, smiling, crying*, or pulling certain *facial expressions*. The teacher then asks the students to observe the infant who is giggling and playing with her cuddly toy, and suggest how the infant might be feeling at that moment. The students suggest the infant is happy. The infant throws her toy out of reach and begins to cry. The mother responds by holding the infant in an embrace and retrieving her toy while making soothing sounds to reassure the infant. The teacher comments on the interaction between the mother and the infant and highlights to the students how the mother's awareness and sensitivity of her infant's feelings of distress encouraged her to respond by helping to fix the problem and soothe the infant to help her feel better. The teacher asks the students to all think about times when they have felt sad and to think about what things happened to make them feel better. Several students volunteer to share their answers with the class. One student (Mika) explains that they feel sad when another student (Jamie) calls them names at lunchtime. The teacher asks the other students to think about why that might make Mika feel sad. The teacher then asks Mika what helped to make them feel better to which Mika responds "Three other kids saw me feeling sad and came over to tell Jamie to stop calling me names. They asked me to join their game." The teacher asks the students to think about what they could say if someone said or did something that made them feel sad and what they would want others to do to help. The teacher reminds the students to think about how the mother helped her infant feel better and what Mika said also. The students are placed into 5 groups of 5 students and role-play a scenario where one feels sad and the remaining 4 help them. At the end of the lesson the students say goodbye to the mother and her infant.

Empathy Development: The recognition of emotions in self and others; observing a healthy model of response to the infant's distress; relating distress and responses to personal experiences; acknowledgement of others' emotional reactions; discussion of bullying behaviours and strategies for bystanders to help others being victimized; encouragement for those who bully to think about the emotional consequences of their actions; practicing empathy skills through role-play.

Appendix D: Study Two (parents) - Scenario Two

Please read the scenario below, and then complete the questionnaire that follows it.

Scenario Two

Setting: A co-educational, Year 4 primary school classroom in Christchurch, New Zealand. The 25 children in the class are all aged between 8 and 9 years and there are 13 European/Pakeha children, 3 Asian children, 6 Maori children and 3 Pasifika children. Also included are the classroom teacher, and a mother from the community with her 6 month old infant.

Lesson: The lesson begins with the teacher instructing the children to welcome the visitors to their class. The teacher facilitates an open discussion about *feelings*. The teacher asks that the children take turns to suggest some feelings they are aware of and to explain how they might show what they are feeling. When several different feelings have been suggested by the class such as *happy, sad, angry* and *scared*, the teacher asks the students to describe ways they might be able to tell how other people might be feeling. Students suggest several observable reactions such as *laughing, smiling, crying*, or pulling certain *facial expressions*. The teacher then asks the students to observe the infant who is giggling and playing with her cuddly toy, and suggest how the infant might be feeling at that moment. The students suggest the infant is happy. The infant throws her toy out of reach and begins to cry. The mother responds by holding the infant in an embrace and retrieving her toy while making soothing sounds to reassure the infant. The teacher comments on the interaction between the mother and the infant and highlights to the students how the mother's awareness and sensitivity of her infant's feelings of distress encouraged her to respond by helping to fix the problem and soothe the infant to help her feel better. The teacher asks the students to all think about times when they have felt sad and to think about what things happened to make them feel better. Several students volunteer to share their answers with the class. One student (Mika) explains that they feel sad when another student (Jamie) calls them names at lunchtime. The teacher asks the other students to think about why that might make Mika feel sad. The teacher then asks Mika what helped to make them feel better to which Mika responds "Three other kids saw me feeling sad and came over to tell Jamie to stop calling me names. They asked me to join their game." The teacher asks the students to think about what they could say if someone said or did something that made them feel sad and what they would want others to do to help. The teacher reminds the students to think about how the mother helped her infant feel better and what Mika said also. The students are placed into 5 groups of 5 students and role-play a scenario where one feels sad and the remaining 4 help them. At the end of the lesson the students say goodbye to the mother and her infant.

Empathy Development: The recognition of emotions in self and others; observing a healthy model of response to the infant's distress; relating distress and responses to personal experiences; acknowledgement of others' emotional reactions; discussion of bullying behaviours and strategies for bystanders to help others being victimized; encouragement for those who bully to think about the emotional consequences of their actions; practicing empathy skills through role-play.

Appendix E: Study Two (parents) - Scenario Three

Please read the scenario below, and then complete the questionnaire that follows it.

Scenario Three

Setting: A co-educational, Year 8 primary school classroom in Christchurch, New Zealand. The 25 children in the class are all aged between 12 and 13 years and there are 13 European/Pakeha children, 3 Asian children, 6 Maori children and 3 Pasifika children. Also included are the classroom teacher, and a mother from the community with her 6 month old infant.

Lesson: The lesson begins with the teacher instructing the children to welcome the visitors to their class. The teacher facilitates an open discussion about *feelings*. The teacher asks that the children take turns to suggest some feelings they are aware of and to explain how they might show what they are feeling. When several different feelings have been suggested by the class such as *cheerful, miserable, annoyed* and *worried*, the teacher asks the students to describe ways they might be able to tell how other people might be feeling. Students suggest several observable reactions such as *smiling, crying, fighting with others*, and *facial expressions*. The teacher then asks the students to observe the infant who is giggling and playing with her cuddly toy, and suggest how the infant might be feeling at that moment. The students suggest the infant is happy. The infant throws her toy out of reach and begins to cry. The mother responds by holding the infant in an embrace and retrieving her toy while making soothing sounds to reassure the infant. The teacher comments on the interaction between the mother and the infant and highlights to the students how the mother's awareness and sensitivity of her infant's feelings of distress encouraged her to respond by helping to fix the problem and soothe the infant to help her feel better. The teacher asks the students to all think about times when they have felt miserable and to think about what things happened to make them feel better. Several students volunteer to share their answers with the class. One student (Mika) explains that they feel miserable when another student (Jamie) picks on them at lunchtimes. The teacher asks the other students to think about why that might make Mika feel miserable. The teacher then asks Mika what helped to make them feel better to which Mika responds "Three other kids saw me feeling miserable and came over to tell Jamie to stop picking on me. They asked me to join their game." The teacher organises the students into 5 groups of 5 students to design a poster suggesting what they could say if someone said or did something that made them feel miserable and what they would want others to do to help. The teacher reminds the students to think about how the mother helped her infant feel better and what Mika said also. The completed posters will be displayed around the classroom. At the end of the lesson the students say goodbye to the mother and her infant.

Empathy Development: The recognition of emotions in self and others; observing a healthy model of response to the infant's distress; relating distress and responses to personal experiences; acknowledgement of others' emotional reactions; discussion of bullying behaviours and strategies for bystanders to help others being victimized; encouragement for those who bully to think about the emotional consequences of their actions.

Appendix F: Modified TEI for Study One and Study Two

Empathy Development Programme (EDP) Evaluation Inventory

Please think about the scenario you have just read, and complete the items listed below with regard to that specific scenario. The items 1-9, should be completed by placing a tick on the line under the question where that best indicates how you feel about the programme. Please read the items very carefully and complete all 10 items. Item 10 gives you the opportunity to explain your opinions more fully.

1. I find this empathy development programme (EDP) to be an acceptable way of developing empathy in children.

Strongly Disagree			Neutral			Strongly Agree

2. If I were a teacher, I would be willing to use this EDP to develop empathy in children.

Strongly Disagree			Neutral			Strongly Agree

3. I believe that it would be acceptable to use this EDP without the children's parents' agreement.

Strongly Disagree			Neutral		Strongly Agree

4. I like the features used in this EDP.

Strongly Disagree			Neutral		Strongly Agree

5. I believe this programme is likely to be effective in developing empathy and reducing bullying etc.

Strongly Disagree			Neutral		Strongly Agree

6. I believe that the children will be upset by this programme.

Strongly Disagree			Neutral		Strongly Agree

7. I believe this programme is likely to produce permanent improvement in the children's capacity for empathy.

Strongly Disagree			Neutral		Strongly Agree

8. I believe that it would be acceptable to use this EDP in compulsory schooling.

Strongly Disagree			Neutral		Strongly Agree

9. Overall, I have a positive reaction to this programme.

Strongly Disagree			Neutral		Strongly Agree

10. If you were a parent, would you like your child to receive this EDP?

YES: Because.....

NO: Because.....

Appendix G: HEC Letter of Approval



HUMAN ETHICS COMMITTEE
Secretary, Lynda Griffioen
Email: human-ethics@canterbury.ac.nz

Ref: 2013/03/LR-ERHEC

31 May 2013

Sarah Healey-Hughes
School of Educational Studies & Leadership
UNIVERSITY OF CANTERBURY

Dear Sarah

Thank you for forwarding a copy of your low risk application to the Educational Research Human Ethics Committee for your research proposal titled "Compassion in the curriculum: exploring the social acceptability of teaching an empathy development programme within the context of New Zealand primary schools".

I am pleased to advise that this application has been reviewed and I confirm support of the Department's approval for this project.

With best wishes for your project.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'N Surtees'.

Nicola Surtees
Chair
Educational Research Human Ethics Committee

"Please note that Ethical Approval and/or Clearance relates only to the ethical elements of the relationship between the researcher, research participants and other stakeholders. The granting of approval or clearance by the Ethical Clearance Committee should not be interpreted as comment on the methodology, legality, value or any other matters relating to this research."